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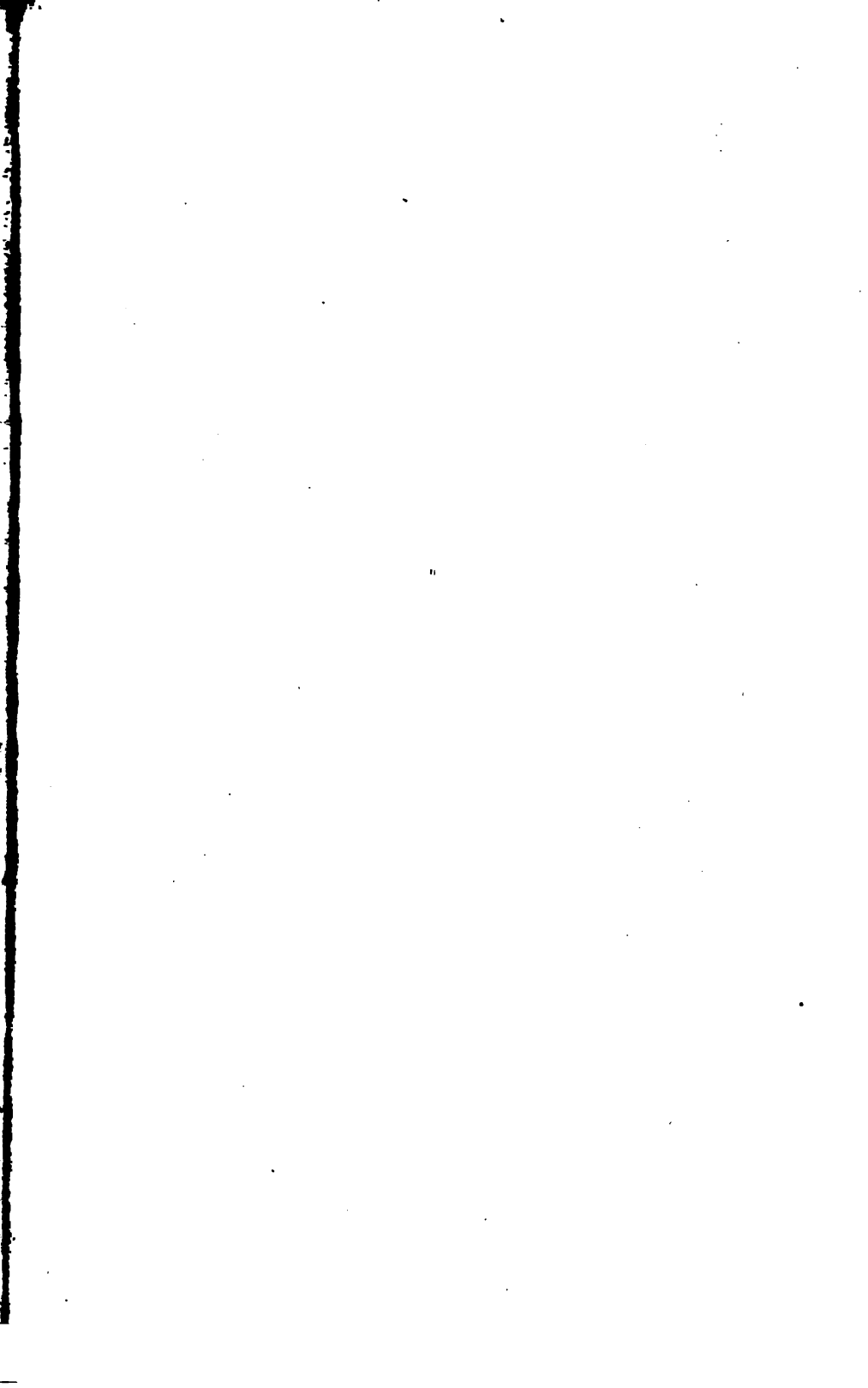
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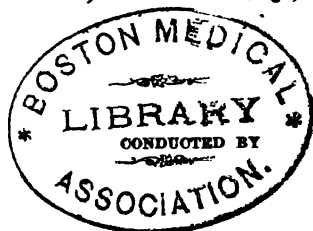
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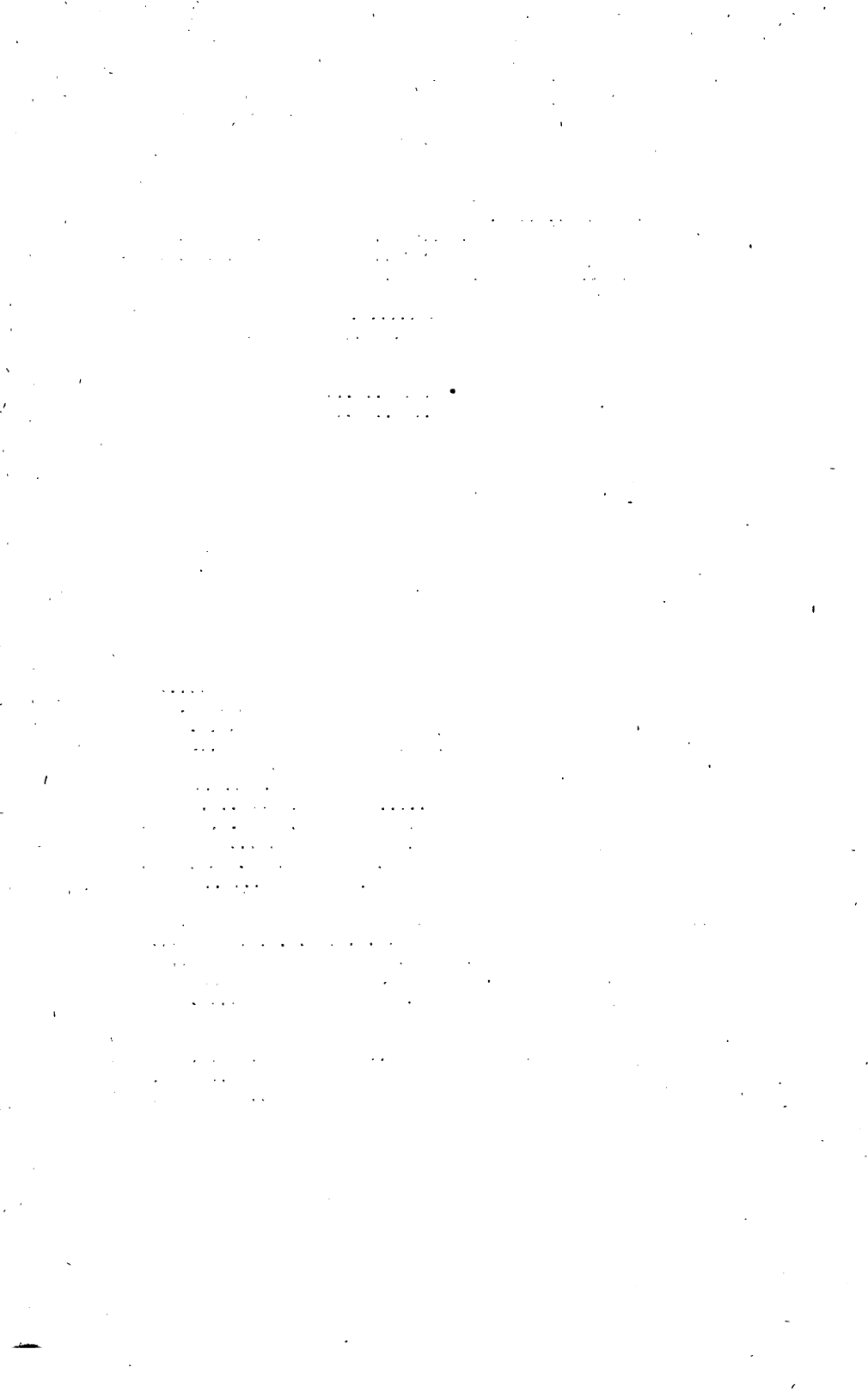
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Communications.

STRYCHNOS IGNATIA.

St. Ignatius' Bean.

BY JOSEPH BATES, M. D.

NATURAL ORDER.—Loganiacæ. DECAÑDOLLE. Some place this Genus in Nat. Order, Apocynacæ.

In the Linnean Artificial Classification, this plant will be found in Class Pentandria, and Order, Monogynia.

GENERIC CHARACTER.—Calix; perianth one-leafed, short, bell-shaped, five-toothed, teeth upright, ovate, obtuse. *Corolla*; one-petaled, funnel-form; tube filiform, of a span length, smooth, upright; border flat, five-parted; divisions oblong, obtuse, perfectly entire. *Stamina*; filamenta five, inserted into the receptacle, length of the tube, thread-shaped, very smooth; antheræ five, converging into an oblong column, which is five-cornered, sharp, rough. Pistil; germen very small, ovate, very smooth; style filiform, length of the stamina; stigma slender, two-parted; divisions awl-shaped. *Pericarp*; berry pear-shaped, large, one-celled, with a thick woody bark. *Seeds*; several, covered with a thick cuticle, solid, horny, very hard; the lateral ones irregularly tetragonal, with the inner sides flat, the outward gibbose, the interior oblique; the central one-hexagonal, with flat sides.

SPECIFIC CHARACTER.—Leaves ovate, acute; stem scandent; peduncles axillary, four-flowered or thereabouts. Tree branching, branches long, round, very smooth, climbing; flowers very long,

nodding, white, in small panicles; fruit ovate, with a very smooth dry rind.

HABITAT.—Native of the East Indies and Philippine Islands, whence it has been transported to Cochin-China, and other countries for cultivation.

MEDICAL PROPERTIES.—An English author says:—"The seeds, known by the name of St. Ignatius' Beans, are much used in the East Indies, and are reputed to be tonic, diaphoretic, emmenagogue, and anthelmintic. Its medicinal properties are analogous to that of the *Strychnos Nux Vomica*, differing, however, more in degree than quality.

HISTORY.—A London author, fifty years ago, wrote as follows: speaking of the seeds of this plant:—"They are used in the pituitary apoplexy, colic, cardialgia, intermittent fevers, suppression of the menses, and bites of venomous animals. The dose is from six to twelve grains, reduced to powder, either in wine or water. They never produce any bad effect, although they do not always operate, but are often productive of great relief; too large a dose will bring on vertigo and convulsions, which may be easily removed by drinking freely of lemonade. The younger LINNEUS erroneously asserts, that the seeds are as poisonous to animals as those of the *Nux Vomica*; for a whole nut weighing a drachm, has been given to oxen, buffaloes, horses, and swine, without any ill effect." Its active principle being strychnia, it may be used as a succedaneum for *Nux Vomica*. Dr. BIDDLE, in his *Materia Medica*, observes:—"The seed of *Strychnos Ignatia*, or St. Ignatius' Bean, a tree of the Philippine Islands, contains a large proportion of strychnia, and possesses medicinal properties analogous to those of *nux vomica*. It is used in this country in the form of *alcoholic extract*, which may be given to fulfil the same indications as extract of *nux vomica*, in the dose of half a grain to a grain, three times a day." This plant was named *Ignatia*, (says a notable author) by the Jesuits in honor of the founder of their order. It is the opinion of PEEIRE that the *Nux Vomica* of Serapion was the St. Ignatius Bean; however, the seeds came into the Dutch shops, according to ALSTON, about the latter end of the 17th century, and there is reason to suspect they were known long before this. This Genus contains four species noted for the strychnia they yield.

An anonymous author (at least to the writer) observes:—"The omni-therapeutic properties attributed to the *Ignatia* in a pamphlet from the pen of a once afflicted, but now restored, clergyman, gave,

very naturally, the impression of a quack advertisement, though the paper called the attention of scientific practitioners, somewhat extensively, to the real virtues of the Ignatia. This reverend gentleman presented a most formidable array of diseases which his pills had cured, embracing well nigh the whole nosology of modern times, but the farrago was pardonable from the extremely modest and non-committal form in which it was offered, and as being not the results of his own personal experience, but given on the strength of communications from those "in every class of society" who professed to have been cured by the use of his preparations. While it is unreasonable, with any knowledge of the scope and mode of action of the Ignatia, to accept a vast deal of what he gives, as capable of being reduced by this agent, yet we can readily see why it is applicable to a wide range of the symptoms enumerated."

THERAPEUTICAL EMPLOYMENT.

Dysentery.—Various preparations of *Strychnos Nux Vomica* have long been favorite remedies with many physicians in their treatment of this disease. The virtues of *S. Ignatia* are regarded as identical with those of the *S. Nux Vomica*, and it may be employed with equal benefit in all cases. The extract of Ignatius' Bean, alternated with opium in doses sufficient to allay all pain and irritation will be found very advantageous in this disease. Dr. GEDDINGS has given his testimony in favor of *Nux Vomica* as a remedy in dysentery, and states that, from his own experience of its use, he feels assured that it will prove a useful adjunct, and that in some cases at least, it will afford relief when other remedies fail. The same remarks apply, with equal emphasis, to the use of *ignatia*.

Prolapsus of the Rectum.—In this harrassing affection, SCHWARTZ, as quoted by Stillé, used the extract of *Nux Vomica* with great advantage, both for children and adults. For the former, he dissolved two grains in two drachms of water, and of this solution gave two or three drops to infants, and from six to fifteen drops to older children. DUCHAUSSOY used strychnia with perfect success in a case of four years' standing. Mr. A. JOHNSON reports a case, in which he effected a cure by applying one-sixteenth of a grain of strychnia upon a blistered surface over the coccyx. KOCH, of Stuttgart, was equally successful in a case of fifteen years' duration, by means of injections of cold water containing twelve drops of the tincture of *Nux Vomica*. The same results will follow a judicious employment of *Ignatia*.

Spasmodic Obstruction of the Bowels.—The following quotation from Stillé affords ample testimony to the efficiency of strychnia in this affection;—"In *Spasmodic Obstruction of the Bowels*, VIDAL procured relief by using a sixteenth of a grain of strychnia every four hours. Dr. PARKER, of Charleston, has reported a case of obstruction of the bowels which resisted a variety of purgative medicines and enemata and only yielded to the administration of strychnia in the dose of one-twelfth of a grain, three times a day. (Charleston Jour., xiii, 640.) HOMOLLE is stated not only to have removed, by its means, impacted fæces; but actually to have relieved strangulated hernia, when the necessity of an operation seemed inevitable." While this quotation reminds the reader of the great value of strychnia, let it admonish him also that Ignatia Amara (Strychnos Ignatia) is equally as valuable in the same affections. The diseases are very many, in which this agent is eminently useful,—all the catalogue of diseases, in which nuxvomica is indicated, are equally benefited by Ignatia. An author remarks:—"The large and constantly increasing demands for the Ignatia and its consequent use, will, undoubtedly, soon develop its important properties, and give it a prominent place in *Materia Medica*."

PREPARATIONS.

Fluid Extract	- - - -	Dose, 3 to 8 Drops.
Solid Extract	- - - -	" $\frac{1}{2}$ to 1 Grain.
Pills	- - - -	$\frac{1}{2}$ Grain Each.

WINE OF IGNATIA.

Fluid Extract	- - - -	One Ounce.
Alcohol, 85 per cent.	- - - -	One Ounce.
Sherry Wine	- - - -	Fourteen Ounces.

Dose—Half to one dram.

COMPOUND WINE.

Fluid Extract of Ignatia	- -	Three Drams.
" " Cannabis	- -	Three Drams.
Sherry Wine	- - - -	One Pint.

Dose—Half to one dram.

COMPOUND PILLS OF IGNATIA.

Solid Extract of Ignatia	- -	Half Scruple.
" " Savin	- -	Half Scruple.
" " Gentian	- -	One Dram.
Iodide of Iron	- - - -	One Dram.

Make into forty pills. Dose—Two pills, three times a day, in chlorosis. Accompany the medicine by frequent friction of the spine and extremities with the tincture of camphor.

DIGITALIS—IS IT A CARDIAC SEDATIVE, OR CARDIAC STIMULANT?

BY T. CURTIS SMITH, M. D., OF MIDDLEPORT, OHIO.

Digitalis has been prominently before the profession since 1775, at which time it was introduced by Dr. Withering, in a monograph treating of its value in dropsy. It has held a place in the British Pharmacy since 1721. It has, however, been believed to be by most early writers a cardiac sedative, and is still so considered by some writers, and many or most of the profession, at the present day. To give a comparative statement of authorities as to its physiological effects and therapeutic value and applications, are the chief objects of this paper. We shall also add some of our own experience with the agent, in the treatment of diseases to which it seemed applicable.

Dr. Eberle, (*Therapeutics*, 1842) says: "I am entirely persuaded that its operation is immediately sedative; for it is certain that its stimulant effects, if it has any at all, are extremely feeble, and by no means proportionate to its ultimate sedative influence." "The fact of the sedative influence of digitalis (Ferriar) is so decisive that I do not hesitate to employ this term, notwithstanding the jargon with which the public has of late years been abused on the subject of sedatives." In the time when Ferriar wrote, there was great discord as to the properties of digitalis, as it was variously claimed to be a diuretic, a stimulant, or a sedative, while some claimed that it had "no properties at all."

Drake, Fowler, Beddoes, Mossman, Stefford, Magennis (*loc. cit.*), and others, extolled it as a remedy *par excellence* in pulmonary phthisis. This we now know to be untenable. All these writers believed in its cardiac sedative power.

Drs. Hill and Cox recommended it in mania, on account of its sedative effects.

Dr. Baildon (*Edinburg. Med. Jour.*, vol. iii.) seems to have been the first to notice the variation of the pulse with different postures of the body. Thus, while standing, the pulse run at 110; while sitting, 70; while lying down, at 40. This effect was in his own person, but also observed to be the case with other individuals. This difference, it was thought by him and others, accounted for the difference of opinion in different observers and experimenters, and especially for that of Saunders, who looked upon the agent as a cardiac stimulant; prior to 1830.

Dr. Geo. B. Wood (*Therapeutics*) believes the agent to be a local excitant, and that any temporary increase of the pulse is caused by sympathetic action from the local effects of the drug on the stomach, which is sometimes inflamed by too free use of it; but that its effect on the general system is that of a sedative to the nervous centres and to the circulation, the latter being under the control of the former. "The evidence (*loc. cit.*) of its primary influence upon the nervous centres, and through them on the heart, is afforded by the fact already stated, that if the par vagum be divided on both sides, it (*digitalis*) ceases to reduce the heart's action, and in moderate doses produce no effect at all."

He further states that with which nearly every writer agrees, viz.: That it diminishes the frequency of the pulse. But contrary to the careful observation of others, who have conducted thorough physiological experiments with it, he denies that "it increases the volume of the pulse or its tension. "On the contrary," he states, "the resistance under the fingers is generally, if not invariably, diminished in the normal state of the system; and if the influence of the medicine is increased, it may become extremely feeble."

Wood, in referring to the experiments of Traube, of Berlin, with *digitalis*, in which the pneumogastrics on both sides were divided, and in consequence of which the drug seemed to lose its effects over cardiac action, concludes from this that the influence it exerts is wholly through these nerves, seeming to forget what influence the cardiac ganglia of the sympathetic system have over the movements of the heart. Of this latter point we shall have more to say further on. The remarkable depressing effect which *digitalis* has over the sexual organs, Wood also refers to its (*London Med. Times and Gaz.*, April, 1855,) sedative influence over the organic nerves. "The appearance after death (from *digitalis*, *loc. cit.*) are marks of inflammation in the stomach and bowels, dark and coagulable blood, and a *loss of contractibility in the heart.*" (*Italics mine.*)

This is directly contrary to the carefully-performed experiments of J. Milner Fothergill (*Monograph on Digitalis, its Mode of Action and Uses*—Hasting's prize essay for 1870), at least as far as the left side of the heart was concerned; for in animals poisoned by it, the left side of the heart was always found empty, and in a state of tonic contraction.

We shall have occasion to refer to these experiments further on.

Waring also adds his view of the sedative action of digitalis, also referring, as do all others, to its cumulative action in some cases, and to its diuretic powers.

Dr. Garrod thinks it a much better diuretic where a deficiency of urinary secretion depends on cardiac disease. This is probably true, as we shall soon try to explain. Waring (*Therapeutics*, 2nd Lond. Ed., 1866) also states that if its sedative or diuretic effects are observed, the patient is free from danger of its cumulative power, in which opinion Dr. Munk (*Guy's Hospital Reports*, 1844,) concurs.

Notwithstanding the sedative action so strongly set forth by Waring (*loc. cit.*), he states as his fifth proposition that "it is chiefly applicable to diseases of an asthenic character, and in persons of shattered and debilitated constitutions, are not those to whom I would feel like administering powerful sedatives, but rather the reverse, unless for special systemic conditions.

To add to this strange inconsistency, we will quote his seventh proposition, viz.: "In old persons, it is necessary carefully to watch the action of digitalis. It has been observed by Schonlein to produce, in some instances, not only an *alarming weakness*, but a *positive wasting and marasmus*, probably by acting on the nervous system and organs of digestion." Still he has just said it is best adapted to patients that are asthenic, and whose constitutions were in a shattered and debilitated condition. Certainly to make out both of the above propositions must require a mind able to twist and worm around direct contradictions that surpasses that of most men. We think that we shall be able to prove that it is best adapted to those cases where the central organ of circulation is affected with a disease that has weakened its action, and especially where that disease affects mostly the left side of the heart, and shall do so partly from those very authorities that hold it to be such a powerful cardiac sedative, either directly or through the nervous centres. For instance, Dr. Withering (1775), as quoted by Waring, observes: "That it seldom succeeds (in dropsy) in persons of great natural strength or plethoric habit, or in those with a tight and cordy pulse. If the belly in ascites be tense, hard, and circumscribed, or the limbs in anasarca solid and resisting, we have but little hope, On the contrary, *if the pulse is feeble and intermitting* [*italics mine*], the countenance pale, the lips vivid, the skin cold, the swollen belly soft and fluctuating, the anasarcaous limbs pitting under pressure of the finger, we may expect the diuretic effects to follow in a kindly

manner." To which Waring adds in comment: "Experience has fully proved the general justness of Withering's remarks." More of these citations hereafter.

Let us now turn to the investigations of J. Milner Fothergill, who, I think, has physiologically demonstrated, and by actual practical experience with the afflicted, proven that it is not a cardiac sedative, but a cardiac tonic of no mean consideration, and that its value in heart diseases, where that organ is weak and debilitated, or doing overwork from some structural change or circulatory interference, is inestimable. The quotation taken from this author will be found in a very able prize essay written by him, viz.: *Hasting's Prize Essay for 1870.*

"Snails, when touched with the tincture or strong infusion, took a contractile spasm, threw off a coating of mucus, and passed on apparently unaffected." Earth-worms and wasps were not affected by it.

Fishes—"minnows"—that were poisoned with digitalis, in dying were "drawn to one side." "After death, the ventricle was found firmly contracted and glistening like a speck of gristle; and, on being examined by a microscope, no cavity was visible. The auricle was distended, and vainly tried to drive any blood into the tightly contracted ventricle, the blood merely regurgitating into the venous sinus behind, and then flowing back again from the venous distension, relieving itself on the auricle in diastole." When the venous sinus was pricked, so as to permit the escape of the blood contained in the auricle, it also contracted firmly, so that under the microscope no cavity was discernible.

Two sparrows were poisoned by the drug, and "on opening them immediately after death, the *left* ventricle in each was found firmly contracted; the lungs so congested as almost to be hepatized; the *right* ventricle full of blood. It was evident that the condition of the lungs and right ventricle was due to inability to drive the blood into the contracted left ventricle. The gorged condition of the lungs accounted for the gasping respiration observed."

Experiments on mammals by Hanfield Jones and Fuller, proved that a similar condition of the heart obtained after death from digitalis (*loc. cit.*)

In Fothergill's experiments on frogs, the left ventricle was uniformly found to be firmly contracted, with the left auricle and right ventricle distended, and lungs greatly congested, and his experiments confirmed those of many other able physiologists, as Dyb-kowsky, Pellikan, Hilton Fagge and Stevenson, of England.

All these experiments being performed with the heart in plain view, it was noticed that the number of contractions were first increased and then became slower, the dilatation or diastole of the left ventricle becoming less and less perfect, until it ceased in a firm and permanent contraction—systole. Other drugs, as belladonna, caffeine, strychnine and aconite, were experimented with. Under belladonna, the contraction of the left ventricle was quite but less distinct than under digitalis; caffeine still less so; while strychnine produced no perceptible effect on the heart; while with aconite the heart in death was arrested in diastole. This latter fact shows plainly the directly opposite effects on the heart of digitalis and aconite, and leads us unavoidably to inquire whether the one will or will not antidote the other in cases of poisonings.

On this point, Fothergill's experiments go to demonstrate (loc. cit., p. 6,) that while digitalis seems completely to counteract poisoning by aconite, that aconite has not such complete control over poisoning by digitalis, though it "certainly had an influence," but did not ultimately prevent the permanent contraction of the left ventricle, which causes the fatal result under poisonous doses of digitalis. I can scarcely do better than to give his own words with reference to the counteracting influence of digitalis over aconite. The reader will remember that these experiments were performed with the heart of the frog exposed to plain view. He says: "On the contrary, the administration of digitalis was followed by the most marked results when aconite had been given, and the ventricle had become gradually more and more distended, and its contractions more and more imperfect, each contraction merely expelling a small quantity of blood off the top of the distended ventricle, the contractions becoming slower and slower, and less and less perfect, until a condition of advanced dilatation had been artificially produced; and even when the heart seemed to have given up all action, and remained in diastole, distended with blood and inert, . . . the first effect (of digitalis) was to produce an imperfect contraction at long intervals; then the intervals became shorter and the contractions more complete, some irregularity, both as to time and amount of contraction, being observed. Slowly and gradually, however, the distended ventricle recovered itself under the action of digitalis, the contraction being more rhythmical and perfect, and the distension less and less pronounced, until a return to normal contraction and distension was brought about."

Here, then, we have an antidote for aconite poisoning, which will

render us valuable aid in accidents of this character. But care must be taken not to be too lavish in the use of the antidote, else we may poison the patient with it and cause his death with a contracted left ventricle, instead of permitting such an unhappy result by dilatation, under the poisonous effects of aconite. These experiments with digitalis were also confirmed by Burton and Gamgee, both eminent observers. They also detected "a temporary murmur" (loc. cit., p. 7), "which was probably caused by imperfect closure of the mitral valve, through the imperfect action of the muscoli papillares." The normal action of the heart is controlled by the pneumogastric nerve (from the organic system), and the cardiac ganglia of the sympathetic system. These, by nerve filaments, communicate with each other. The functions of the pneumogastric, with reference to that portion which is distributed to the heart, seems to be to prevent too frequent or too rapid action and too great distension, and only admits the systolic action when the ventricle becomes sufficiently distended by blood being poured into it sufficiently to stimulate the heart to contraction. The cardiac ganglia of the sympathetic, on the other hand, tend to increase the number of contractions. When the pneumogastriacs are cut on both sides, the heart beats more rapidly than under the normal condition of these nerves. The heart, then, seems to be kept in normal action between these two balancing nerve powers. Digitalis evidently produces its influence over the heart secondarily, or through its action on the nerve centres controlling its action.

When the system is under the influence of digitalis, and the pneumogastriacs are severed, the number of contractions are increased, but not to the same extent as when not influenced by the drug. It does not, therefore, act wholly and only on the vagus, as Traube and others have supposed. "There is no apparent connection between the giving of digitalis and section of the vagi, except an increase in arterial tension," (loc. cit.) Traube had supposed that the effect of the drug was produced by partially or completely paralyzing the vagi. But Hanfield Jones, Fuller, Neimeyer, Dybrowsky and Pellikan believe its effects to be exerted through stimulation of the cardiac ganglia, and that this stimulant effect manifests itself through increased muscular action in the heart, which is under their control. With this view Fothergill also sides, and says: "The action of the stimulated cardiac ganglia (under digitalis) is too much for the action of the vagus." Again, "the results, too, of the administration of digitalis after aconite poisoning had

been established, would necessitate the theory of aconite acting as a stimulant to the fibres of the pneumogastric, if Traube's theory of the action of digitalis were true—a conclusion which is not warranted by what we know of aconite."

The action of this agent on the capillaries and arterioles is to produce an increase of their calibre, which effect still further refutes Traube's theory, as these vessels do not contract under an agent which produces a depressing effect, but dilate under such depression. This still further, also, proves that aconite depresses by nerve-sedative power, from the fact that dilatation of these vessels is very noticeable under its influence. This effect of aconite is still further confirmed by Dr. Brunton, London, in a paper recently read before the Medical Society of London, (*Medical and Surgical Reporter*, Aug. 8, 1874,) in which he commends it as our best anti-phlogistic, short of venesection, and where control of the circulation is demanded without blood-letting being indicated, as is often the case in inflammatory diseases.

So much, then, for the physiological effects of digitalis upon the animal economy. The question next arises: Will these effects be proven by clinical experience? And to this we will next turn our attention; for this proof, if we can attain it, will confirm us in the views we have set forth, and place the drug in an entirely different light from that in which it has stood before the medical profession for the last century or more, and will give it a new and increased value as a therapeutic agent, with which we may be able more successfully to combat a class of diseases that have been, and still are, the opprobrium of the profession.

As we stated some pages back, we will prove, to some extent, by those who look upon this agent as a cardiac and nerve sedative, that it is not a sedative, but a cardiac stimulant and tonic, and that its value as a diuretic is based really upon the toning influence it has over the circulation, rather than that it has any specific effect as such, and we think we will, too, decidedly establish these facts by later authorities.

The belief that digitalis was a cardiac sedative, grew out of a mistaken pathology. In former times, it was believed that irregular actions and palpitations were due to or caused by "over-action of the heart," whereas we now know that they arise from a condition directly the reverse of that, and grow really out of cardiac deficiency, and that we are not now prepared to admit too great action of this organ resulting from disease of its own structure.

What, you may ask, is the strong pulse of the hypertrophied heart but over-action? It is but a compensating growth to meet or overcome some obstacle, or to compensate for loss of power from dilatation of the ventricle. Fothergill says: "We can no more imagine a heart undergoing spontaneous, uncalled-for hypertrophy, than we can fancy a similar action going on in the bladder or bowels," or in any of the muscles of the body. Irregularity and palpitation are only evidences that the organ is being unduly taxed, and that whether hypertrophy exists or not—for if the two co-exist, it is evidence that the hypertrophy has not become great enough to meet the full demands of tension made on the heart by the amount of blood that passes through it. In these conditions, digitalis gives a slower and more regular action by giving tone to the weakened organs, and causing an approximation to the natural strength.

In this state of the heart, the same authority says: "Under digitalis, the pulse becomes steadier, firmer, and less compressible; the excited stroke of palpitation is steadied into the normal, quiet, effective contraction; the system is relieved; dyspnœa, the external evidence of pulmonary congestion, is abated; the *deficient secretion of urine*, (*italics mine*) which tells us that the pressure on the glomeruli of the malpighian bodies is lessened, is improved, and free sections takes place; dropsy is thus often relieved."

In this we see a plain hint of the manner by which it brings about its diuretic power. It is observed that he also states that the pulse is firmer and less compressible under the influence of digitalis, which statement is directly opposite to that of Wood, (*Therapeutics*) viz.: that he had never noticed that it increased the force or tension of the pulse, which latter, also, accords with nearly all the statements of the old and some of the new writers on this subject. Fothergill adds to the above quotation the following: "The general condition of cyanosis is abated; there is evidence of a better circulation throughout the system generally. Frequently the gradually widening circle of troubles which are involving the patient's existence, diminishes after an improvement is inaugurated in the circulation." All this he attributes to "the administration of a drug whose action is unquestionably to produce better, more complete ventricular action; and in that, and that only, I believe the magic lies." (*loc. cit.*)

In those cases, then, in which the heart is weak, attended by an ill feeling in that region, with anxiety, breathing more or less

difficult and irregular, and readily increased by physical exertion or mental excitement, accompanied with palpitation or irregularity of the pulse, skin more or less cyanosed, we may expect beyond a reasonable doubt that digitalis will prove very greatly beneficial.

Drs. Munk, Hope, R. B. Todd, Boillard, Wood, and a host of old writers, speak in warning terms of its use in the above class of cases; while Hanfield Jones, Fuller, Sutton, Gull, Wilks, Sidney Ringer, Fothergill, Gascoigne (*Brit. Med. Jour.*, Aug., 1868), Edward Mackey (*Brit. Med. Jour.*, May, 1868), and many others of equal authority, speak of it in high terms as a heart tonic or stimulant; and commend it for all diseases affecting that organ, where it has its origin in debility of its muscular fibre.

Dr. Darwell, who believed in its sedative action, nevertheless recommends it with iron, in dropsy, following scarlet and other debilitating fevers. Why thus commend it if it is a cardiac sedative in this class of cases;—for certainly the heart partakes very largely of the general debility of the system. Dr. Holland, of the same belief, strongly commends it in similar conditions. Wood, also, speaks in favorable terms of it in dilatation of the heart, associated with anæmia (certainly a condition in which the heart is much weaker than normal), where there is excessive action, and in dropsies depending on deficient cardiac power, he commends it as a diuretic; apparently overlooking the fact that its diuretic influence is attained through the influence which digitalis has in toning the circulation, or he perhaps taking the opposite view.

* * * * *

Numerous accounts of its value in this disease (delirium tremens) will be found in the *Compend. of Med. Science*, and *Amer. Jour. of Med. Sciences*, to which the reader is respectfully referred.

My own experience is about as follows: For some years of the early part of my practice, I had been so firmly impressed with its dangerous cumulative powers, that I used it with so much caution that no perceptible effect was observed from it. But while I know that it is a powerful medicine, I have long since learned that these properties have been too greatly exaggerated, and that with care, it is as safe as any of our powerful medicines. I have also been led, from clinical observations, first induced by statements from good authority, from the opinion that it was a cardiac sedative to the direct reverse, viz.: That it is one of our best cardiac stimulants and tonics. Clinically, I have observed that those cases of palpitation, irregularity of pulse and dropsy, anasarca, dyspnœa, etc., which grow out of cardiac weakness, were formerly of great an-

noyance to me, and I often failed to give any more than very temporary relief. But now such cases under digitalis are generally relieved with as much certainty as an ordinary intermittent fever. It is sometimes almost wonderful to see the change which this agent effects by careful and persevering use.

In one case of dilatation of the left ventricle, in a man somewhat advanced in years, there was undoubted evidence of failure of the wall of the ventricle; the pulse became weak and intermittent; at every few beats the skin became gradually more livid; anasarca made its appearance; the respiration was also greatly interfered with, etc. He had been kept on tonics, with good hygienic regulations, and good diet, for months, but grew steadily worse, and the pulsations more irregular and feeble. I placed him on free doses of the infusion of digitalis, and after getting the heart reasonably under its influence, the dose diminished to a half drachm, and continued twice a day, which quantity he continued to take for eighteen months. Soon after its commencement an evident improvement was observable. This continued gradually in his favor, till at the end of three months he was quite comfortable, but it was continued at least six months beyond the last vestige of any troublesome heart symptoms. At this time, now four years ago, a stronger or healthier old gentleman can hardly be found.

Numerous cases of feeble heart action could be here related, and of dropsies, pulmonary congestions, etc., growing out of feeble heart, which have been relieved by digitalis, but I presume it is needless here to prolong this paper in that manner.

We will next endeavor to point out that class of cases in which it is indicated, and its contra-indications, and for the present leave this subject, feeling satisfied that we have endeavored to do our duty in demonstrating that *digitalis is a decided heart tonic*.

Indications.—In nearly all cases of feeble pulse from feeble heart.

In dilatation, with or without compensating hypertrophy.

In valvular insufficiency.

In mitral obstruction.

In mitral regurgitation

In aortic obstruction.

In aortic regurgitation *doubtfully*.

In degeneration of the cardiac walls it is indicated, but must be commenced with small doses, gradually increased, and closely watched.

In neurosal angina pectoris, not connected with serious structural degeneration.

In cardiac asthma or false angina pectoris it is valuable.

In cardiac asthma following or resulting from severe acute disease.

In shock it is valuable.

In palpitations not purely functional, it is not admissible, or is contra-indicated.

In tricuspid regurgitation.

In tricuspid obstruction.

In greatly degenerated walls, or in great degeneration of the arterial coats.

In hypertrophy from plethora, with little observable dilatation, its use is questionable.

In most if not all functional disorders its value is questionable, except in cases of quite feeble pulse.

Its use as a diuretic is indicated where there is loss of tone in the circulation as a cause of the scant secretion of urine.

The modes of action as produced by digitalis are given by Fothergill as follows:

"The series of altered actions consequent upon increased contraction run in the following order or sequences; and it may be desirable for the sake of lucidity to arrange in a series of propositions, each depending on the one before, like a logical syllogism. The effects of increased contraction are, then:

"1. Increased arterial distension and tension, which give rise to the systemic symptoms, and further cause

"2. Increased arterial recoil. This is the propelling power for the coronary arteries; and thus arterial recoil means—

"3 Increased or improved coronary circulation; and that, in turn, produces

"4. Increased nutrition of the heart, which results in

"5. Compensatory hypertrophy. In connection with these, we have also to consider—

"6. Atheroma and fatty degeneration of the heart fibres."

These propositions by their study show that digitalis follows the line which nature indicates by her attempts to restore or regulate the circulation of the system in heart diseases. So long as these indications are closely followed in its use, they will prove of the greatest value to the subjects of cardiac disease.—*Chicago Med. Journal*, December, 1874.

QUININE AS A CARDIAC SEDATIVE IN ARRESTING INTERNAL HÆMORRHAGE.

Dr. S. Caro ("*New York Medical Record*,") gives several examples, in which, after all other remedies had failed, hæmoptysis, bronchorrhœa, epistaxis and menorrhœa, were relieved by the use of quinine. To explain these results we make the following extracts: A solution of quinine—eight grains—was injected under the skin of the hind leg of a small dog. The temperature soon fell four degrees. The chest being opened the heart was found relaxed, the cardiac impulse weakened and the blood less rapid and voluminous. The arteries were seen to diminish in size, and the capillaries seemed emptied or atrophied. In a second dog of the same size fifteen grains were injected. The temperature was lowered eight degrees, and the animal soon died from paralysis of the heart. The chest being opened, the heart was found completely relaxed, as soft as a rag, with scarcely any blood in the left ventricle. Into a third dog three grains were injected. The temperature rose one degree, and the pulse became more frequent. On opening the chest, the heart was found tense and beating rapidly. Before the use of the quinine, the blood corpuscles were found thin and running about; after the injection of the quinine, the corpuscles were shrunken in various irregular shapes, indented or jagged at the edges, and very much altered in shape. A large number of observers believe that quinine acts upon the inter-cardiac nerves, producing an irritation of the peripheric extremity of the valves, paralyzing the peripheric extremity of the motor nerves of the heart, and the motor muscular system of the same, decreasing its activity and producing diminution of the blood pressure and peripheral heat. Cohnheim says that quinine has the power of arresting the motion of the white blood corpuscles, preventing the formation of animal heat and reducing blood pressure.

Bintz thinks that quinine in high doses paralyzes the action of the heart and arrests the motion of the white blood corpuscles by diminishing the oxidizing power of the red corpuscles, and in small doses acts like a tonic by increasing cardiac action. Traube says that the relaxed condition of the heart is produced by the stimulating action of the quinine upon the vagus.—*The American Medical Weekly*, Dec., 1874.

ACONITE AS A LOCAL ANÆSTHETIC IN TETANUS AND IN FILLING TEETH

To develop Therapeutics is the most important work of the profession for the next fifty years. The other branches of medical knowledge are far more completely developed than the methods of action, and the relative efficacy of medical remedies. Having for several years been deeply impressed with this conviction, I have been much interested in the thoroughly practical articles recently contributed to the *Mirror*, by Dr. Campbell, Dr. Miles, Dr. Griswold and the editor. They are valuable as illustrating the therapeutic value of *phytolacca decandra*, *pinus canadensis*, carbolic acid and carbolic acid paste; and they have suggested to me to contribute these few notes on Aconite as a Local Anæsthetic.

Nearly ten years since, I wrote an article for a medical journal, published in Cincinnati, on the use of the tincture of aconite root in the treatment of a case of traumatic tetanus. Its application was external, directly to the wounded part; and the convulsions were controlled and the case was cured under its use. Aconite, locally applied is a *benumber*—a local anæsthetic to the peripheral nerves of the part. Dr. Miller, of Hartford, Conn., has since tried the remedy in one or more cases of traumatic tetanus with success; and I think that some other physicians, who have heard me refer to this matter in my lectures, have reported a like success. No notice of the external use of aconite in tetanus is to be found so far as I am aware, in any work on surgery or therapeutics; although its internal use, as an arterial sedative, in this disease, has been referred to by many. It certainly is not now an approved remedy, thus used. The profession will, I presume, gladly give whatever credit may be due to me for this discovery—unless, indeed, something published previous to the article just referred to, shall show that some one had anticipated me in this apparently valuable addition to our means of treating traumatic tetanus. In idiopathic tetanus, I do not know that this remedy would be of any value, for I have never treated this disease. But in several cases of cerebro-spinal meningitis, reported by me in a recent paper, it relaxed and controlled completely the opisthotonos, and the cases recovered; and if any reader of the *Mirror* should have a case of idiopathic tetanus, I think the efficacy of the free application of the tincture of an aconite to the spine should be tested.

Allow me to make the suggestion that if the wound, in traumatic

tetanus, should be extensive, it might be more safe to apply the remedy near the wound, and not upon it. Cotton saturated with the tincture, and covered with oiled silk, so as to prevent evaporation, might be kept upon the parts adjacent to the wound. If, for instance, the wound be on the end of the finger, the rest of the finger might be wrapped in the saturated cotton. Stillé, the other authorities quoted by him, state that the tincture of aconite root, applied to an open wound is poisonous; and hence the suggestion to apply it, whenever practicable, between the wound and the nerve-centres of those nerves distributed to the injured part.

Another practical suggestion is, to test the strength of the tincture we are using; and perhaps the best test is to apply a single drop to the tongue. It is a good tincture just in proportion as it produces numbness—a sort of paralyzed numbness of the part of the tongue to which it is applied.

Dental Caries.—In these cases the tincture is probably efficacious as an anæsthetic just in proportion as it reaches the nerve itself. Most dentists and physicians have often applied it in toothache, and it has given temporary relief in those cases where the nerve has been exposed. A few applications will sometimes destroy the vitality of the nerve entirely.

To Fill Teeth Without Pain.—This is the use of aconite to which I now wish to direct the attention of physicians and dentists. To me it is a new idea. Is it practicable? Years since I was familiar with current dental literature, but not now; and perhaps I am suggesting something which may be familiar to others and which may form an item of instruction in dental colleges. I have no doubt that the tincture of aconite root would temporarily so benumb sensitive dentine, that it might be excavated without pain, but this I do not know from actual experience. But that it will benumb an exposed nerve while we apply escharotic agents, I seem to have determined in a recent case. In my early life, as a country physician, I devoted a portion of my time to dental operations, and so a very few family friends still insist that I shall “fill this tooth.” And a few days since, in excavating a cavity on the articulating surface of a small molar, my drill reached the pulp. The opening was quite small and at the side, rather than upon the end of the nerve cavity. The pulp bled freely and I lightly filled the excavation with cotton. There was but little pain for two days, but the cotton could not be even slightly pressed upon without the darting stab of pain. The cotton was then removed with the inten-

tion of destroying the nerve with acetate of morphia and arsenic; but this is commonly so painful that it occurred to me to first *anæsthetize the nerve with aconite*. Cotton, saturated with the tincture, was placed in the excavation. It produced only slight and momentary pain, and in fifteen minutes it was removed. Another pledget, wet in the tincture and well covered with the morphia and arsenic, was now introduced. It remained in the cavity three hours, but produced no pain. It was then taken out, and as all discolored dentine had been previously removed, I decided to fill with gold, at once, without extirpating the nerve itself, or interfering further than unavoidable with the nerve cavity. It was plugged, the pressure upon the pellets not being made at first directly in the line toward the opening to the pulp; but afterward placed as solidly in every direction as serrate pointed instruments could be made to pack it. There has since been no pain or other evidence of inflammation. This is only one case, but it seems entirely successful. The structure near the nerve was so hard and clear, that I presume the nerve itself was not diseased at the time the excavation was made. I know not whether that nerve is now dead or alive, but it is unquestionable that intense pain would have been produced by the escharotic, had not the aconite been applied before it, or along with it, or both.

May we not thus destroy any dental nerve without pain? If so, these suggestions may be instructive to physicians, may be of great value to the dentist, and may save immense suffering to those who have such teeth to be filled.

This suggests that other surgical operations, occupying only a small extent of tissue, may, perhaps, be rendered painless by a similar application. If so, aconite may be an agent of much value in developing painless surgery, both in the use of the knife upon limited portions of superficial tissues, and in the use of the escharotics to destroy morbid growths.—PAUL W. ALLEN, M. D.—*Medical Mirror*.—*Cincinnati Medical News*, Dec., 1874.

HOW TO GIVE MERCURY IN SYPHILIS.

This important question was discussed quite thoroughly as a recent meeting of the Hunterian Society of London, as we learn from the *Medical and Surgical Reporter*.

Mr. Jonathan Hutchinson said that there was far too much weak

belief at present in the ranks of the profession with regard to the value of mercury in syphilis, and affirmed that, where rightly understood, that drug is an *antidote* to the poison of syphilis. He had, for many years, been himself less certain of many of the opinions he now held, but recent experience had shown him that, first of all, mercury, when given in sufficient amount in the period of the hard sore, had the power, in very many cases, of entirely preventing the occurrence of any secondary symptoms, thus showing the antidotal character of mercury with respect to syphilis. All persons of experience knew the effect of mercury on the secondary rashes of syphilis; and he was of opinion that tertiary syphilis, which was an accidental sequela of syphilis, was more likely to be absent if mercury were used carefully in the exanthem stage of the disease.

Phagedæna, when occurring in a syphilitic sore was a local accident, and required local treatment; but mercury ought also to be given at the same time for the constitutional taint.

In some cases of syphilitic rupia, which had been treated fruitlessly by the iodide of potassium, Mr. Hutchinson had had a cure by giving mercury or using the calomel vapor bath. Hence, he was anxious to make an emphatic protest as to the value of mercury in most of the stages of syphilis. He was convinced of the antidotal properties of mercury, whilst iodide of potassium merely acted on the symptoms of the disease.

His treatment of syphilis consisted in giving two or three grains of mercury and chalk twice or thrice daily; but the vapor bath seemed to him to have some special advantages over all other forms of introducing mercury.

Dr. Berkley Hill agreed to the spirit of the paper, and was greatly in favor of the administration of mercury in cases of true syphilis. When Dr. Drysdale said that the younger men in the profession at present were very skeptical as to the value of long courses of mercury, he (Mr. Hill) reminded the Society that, what was of more consequence, the older men were almost all in favor of mercury in syphilis.

Dr. Liemsen, of Aix-la Chapelle, mentioned that, in that city, he was in charge of a clinique of cases of inveterate syphilis in persons who flocked to the sulphur springs for the cure of terrible forms of the disease, and many of these patients were cured marvelously by being submitted to courses of mercury after the failure of iodide of potassium and other drugs. Syphilis of great

gravity was there treated by mercurial inunctions, and the number of cases to be seen were most instructive. He advised skeptics to go thither instead of to Christiania.

In Paris, Dr. Alfred Fournier at present advocates a two years' course of mercury in cases of syphilis, without exception, with intervals of non-administration of the drug every month or two.

Professor Gamberini the well-known syphilographer of Milan, has lately called attention to the way in which, now-adays, the iodides of potassium and sodium are prescribed "in all the forms of secondary syphilis," and deprecates such practice strongly. He says—

"The iodides are used as if mercury were no longer of any value. I have examined a large number of cases treated in this way, and have been able to prove that, ordinarily, the iodides are not beneficial, and that the virtues assigned to them are only the expression of the natural pauses in the course of syphilis. It is my firm belief that the prolonged use of the iodides, as an exclusive remedy in secondary syphilis, only serves, as a rule, to impoverish the blood, and so to accelerate the appearance of syphilitic chlorosis."

Professor Gamberini recommends those who are skeptical of the truth of his assertions to compare for themselves cases as nearly similar as possible treated with mercury and with the iodides.—*The Cincinnati Medical News*, Dec., 1874.

Monthly Summary.

OF Therapeutics and Materia Medica.

Cure of Inverted Toe-Nail.

Professor John Neill, of Philadelphia, (*Med. Times*), describes his method of curing inverted toe-nail without evulsion. The ordinary modes are useless, and if the nail has been cut away, a much longer time will be required to effect a cure. First the granulations, if exuberant or sensitive, must be treated with nitrate of silver, or chloride of zinc, or Monsel's salt, and when this is done, the parts must be thoroughly cleansed and dried by a swab of corded cotton, or fine sponge, and then coated with collodion. Next a dossil of cotton is pressed carefully between the flesh and the edge of the nail and cemented in its place by another layer of

collodion. A dossil of cotton may also be tucked under the anterior free edge of the nail and secured in the same manner if this edge has not already been cut away. This dressing will usually retain its position without much trouble; but to make it more secure a narrow strip of adhesive plaster may be applied around the toe. In two days the toe should be again dressed, but the cotton should not be removed unless it is moist and saturated with pus. After a few dressings the discharge will cease and the cotton will remain dry, and then it should not be taken out, but a fresh dossil should be thrust in alongside of that which is already beneath the nail, and coated with collodion. You will soon be able to press a wedge of cotton beneath the front edge of the nail, and bring it out beneath the side which has been pressed against so long by the fleshy granulations. After this has been accomplished, the cure is very rapid. The ordinary shoe can be worn, and the dressing need only be renewed twice a week. The patient must now be instructed in this process of packing and wedging the cotton under the edge of the nail and fastening it in its place by means of collodion, and he never need have an inverted toenail again, and will be thankful that you did not subject him to the painful operation of evulsion.—*Pacific Med. and Surg. Jour.*, Dec., 1874.

On the Treatment of Diphtheria by the Vapor of Iodine.

Dr. John O'Neill (*Australian Medical Journal*, March, 1873) says the unsatisfactory results of the local treatment of diphtheria have induced him to look afield for some new agent of greater value than those at present in use. He has been led to reject sulphurous acid, whether applied in solution or as vapor from burning sulphur. Iodine in the volatile state has yielded far more satisfactory results. In the form of tincture, iodine has been already long since employed both internally and topically in diphtheria. The author volatilizes twenty to thirty grains of pure iodine by means of a heated shovel placed some little distance from the patient, in order to avoid the direct action of the fumes. The fumes are inhaled, and gain easy access to the larynx and trachea. Children seem especially tolerant of the iodine vapor. A milder effect is produced by allowing the iodine to evaporate slowly from flat, shallow dishes. This may be repeated during the day, the object being to keep the air of the room sensibly charged with fumes. The histories of two severe cases are appended. In

the one, all the ordinary methods had failed; there had been hemorrhage from the throat, the effusion was extensive, and the patient refused food, and lay in a semi-comatose state. Three fumigations of thirty grains each were employed daily for three days. On the fourth, the exudation began rapidly to clear off. The other case is similar, but in it the membranes seem also to have involved the larynx and trachea.—*Pacific Med. and Surg. Jour.*, Dec., 1874.

On Iodoform as a Topical Application to Venereal Ulcers.

Dr. John Ashhurst, Jr., also mentioned that he had been using iodoform lately, in a number of cases of chancreoid and syphilitic disease, with very gratifying results. The preparations employed, beside the drug in powder, were those recommended by Dr. Izard, and by Dr. Damon, of Boston, viz., an ointment (℞ Iodoform ℥ss; adipis ʒj), and a solution in glycerine and alcohol (℞ Iodoformi ℥ss; glycerinæ f ʒvj; alcohol f ʒij). The latter was preferred so long as the discharge from a venereal sore was profuse, the powdered drug being applied to the ulcers in their later stages, while the ointment was received for cases of unopened chancreoid bubo, and of un ulcerated gummatous tumor. In the treatment of chancreoids, Dr. Ashhurst had continued to make at the beginning one thorough cauterization with nitric acid, and in the treatment of syphilitic ulcers had of course not neglected to direct suitable constitutional treatment, at the same time that he had employed iodoform as a topical remedy. From the results which he had obtained, he was disposed to think that iodoform would prove a valuable addition to the surgeon's repertory in the treatment of all varieties of venereal ulcers. He did not think that iodoform, at least in its external applications, possessed anti-syphilitic virtues; he regarded its action as entirely of a local character.

Dr. W. S. W. Ruschenberger stated that he had employed iodoform for the past three years both internally and externally, with the most satisfactory results. When applied in substance he thought it should be in a state of very fine powder, otherwise it would, in some cases, provoke irritation. The ointment (iodoformi ℥j; ol. theobromæ ʒss) was a favourite preparation with him.

Dr. Edward Hartshorne inquired whether Dr. Ashhurst had observed, in the cases treated by him, any symptoms of iodism. Iodoform contains so much iodine (about nine-tenths) that it might

be apt, when employed as freely as stated, to produce the constitutional effects which are sometimes noted in the use of iodine and of iodide of potassium.

Dr. Ashhurst said in reply that he had not observed constitutional effects in the cases under his care; he added that he was somewhat skeptical on the subject of the absorption of medicines from suppurating surfaces, and mentioned that he was in the habit of dressing amputation wounds with pure laudanum, using it in large quantities and for a number of days consecutively, without the occurrence of any symptoms indicating constitutional implication; he doubted whether, under such circumstances an appreciable amount of the drug was absorbed.

Dr. Ruschenberger stated that he had administered iodoform internally in one-grain doses, and had not observed symptoms of iodism in any instance.

Dr. J. S. Parry had employed iodoform internally in cases of inherited syphilis, in children from three to twelve years of age, continuing its administration from one month to six weeks—in one case he administered the remedy for six months. In these cases he had failed to observe any good results follow its use. In one case of nervous palpitation of the heart the patient was materially benefited by one-grain doses three times daily—symptoms of iodism did not occur in any case.—*College of Physicians.*

Malignant Pustule from Picking Horse-Hair.

Dr. Bartels publishes the following cases as furnishing additional evidences that the disease may be propagated through animal hair. A girl, fourteen years of age, came under treatment with a carbuncular swelling on the top of her shoulder. It had developed in five days from a pimple. At the time she was first seen the pimple had become a gangrenous ulcer, one centimetre in breadth, and near by was a vesicle filled with yellow serum; the upper part of the arm was swollen, doughy, and deep red, and there was high fever and great uneasiness. Twelve hours later the swelling had involved the entire arm, the right side of the face, and the upper portion of the breast and back, while the gangrenous spot had increased to three times its former size and was surrounded by a circle of vesicles. It was noticeable that the pain was not very severe at any time. Six incisions were made through the deltoid muscle, and parallel to the course of its fibres and the cut surfaces were cauterized with fuming nitric acid.

The fever then commenced to abate, the œdema disappeared in part, and convalescence commenced. The patient stated that three of her acquaintances had been taken sick in a very similar way. One was a boy who had the trouble fourteen days before hers commenced; he died of the disease, while a girl who was attacked only eight days before was still sick with it. The third case, her brother, was taken sick at the same time with herself, but recovered without surgical treatment. In all of these three cases, the pustule had been on the face, and all of them, excepting her brother, had been employed in picking over horse-hair, which they had taken home with them in large quantities. Her brother had not been actually engaged in this business, but had spent a good deal of time in the room where the picking was going on. She thought that the hair had been particularly dusty of late, which Bartels attributes to a possible admixture of cow's hair. He regards all these cases as instances of malignant pustule produced in some way by contamination from the animal hair, and he is inclined to believe that the poison was inhaled with the breath.—*Langenbeck's*.

Treatment of Malignant Pustule.

The Paris correspondent of the *Irish Hospital Gazette* states that at a meeting, lately, of the Academy of Sciences, M. Bouley presented a memoir by M. Cézard, on what he terms the anti-virulent method of treating charbon, or malignant pustule, basing his theory on the experiments performed some short time ago by M. Davaine, illustrating the anti-virulent properties of certain chemical agents. According to the author of this paper, iodine is considered the best antidote against the poison or virus of charbon, or malignant pustule. He states that a dose of one-twelfth of a milligramme of iodine is sufficient to destroy the virulence of the fluid of malignant pustule, that is to say, when mixed in a test tube; but that it will take much less to prevent or even destroy the virulence of this terrible affection when the drug is introduced into the organism. M. Cézard informs us that an animal can support, without any inconvenience, the introduction in the blood, at one and the same time, of a quantity of iodine amounting in weight to more than one-five-thousandth part of the entire mass of blood, that is to say, more than is sufficient to destroy instantaneously the virulence of malignant pustule, when the latter exists, and to prevent its development, when once the virus is introduced into the organism. Iodine, whether administered by the

digestive tube or by hypodermic injections, is absorbed in substance, and preserves its special properties even in the blood. M. Cézard advises that the drug be administered in the form of iodide of iodine, that is, in the proportion of one part of iodine to two parts of iodide of potassium, which renders it more soluble in water and mitigates its irritating properties. This method of treatment, he continues, is very efficacious, not only against the true malignant pustule when it has attained the stage characterized by œdema, but also before it reaches that period, and even against the symptomatic fever of malignant pustule. M. Cézard also employs iodine locally in this affection, in the form of subcutaneous injections of a solution in the proportion of one-five-hundredth, and in the form of lotions, in the proportion of one-hundredth of the iodide of iodine. If there be a slough this should be previously excised, in order to facilitate the action of the drug.—*Nashville Jour. of Med. Surgery*, Dec., 1874.

Atropia in the Sweating of Phthisis.

The *London Lancet* for October furnishes the result of a trial of atropia in the night sweats of phthisis, in the Royal National Hospital for consumption at Ventnor, made by Dr. Hassall, the physician in charge. The agent was employed in sixteen cases. It controlled the sweats more or less in all. The effect was direct and permanent in four; direct but temporary in four; beneficial but transitory in seven; and inadmissible in only one instance. In many of the cases the sweating had extended over a period of several weeks, and had resisted all the ordinary methods of treatment. It was prescribed in pill with extract of gentian, in the form of sulphate of atropia, beginning with one-eightieth of a grain, and if necessary, increasing to one-fiftieth. More than the latter quantity will almost certainly give rise to well marked symptoms of poisoning.—*Pacific Med. and Surg. Jour.*, Dec., 1874.

Veratrum for Delirium Tremens.

The tincture of *Veratrum viride*, given sufficiently often and potent to reduce the pulse to sixty-five beats a minute, and tincture of *Gelsemium sempervirens*, till the system is relaxed, the subsultus overcome, and sleep produced, will relieve delirium tremens where there is no lesion of the brain. The *Veratrum* overcomes the effects or antidotes the alcoholisation of the blood, and so accomplishes its work.—*The St. Louis Eclectic Med. Jour.*, Nov., 1874.

Chloral In Vomiting of Pregnancy.

By H. H. Carley, M. D. Mrs. B., aged 18, married three months, came under my treatment August 11th, had been troubled with sickness and vomiting for some weeks.

Gave her the usual treatment for vomiting of pregnancy, with, at first, some relief, but soon grew worse again, and nothing in the line of anti-emetics seemed to have the slightest effect. Her condition was getting serious, and I was getting desperate, so one day I told Mr. B. we would have to resort to giving medicine by injection, and gave him the following:

R	Chloral Hydrate.....	3	ij.
	Acacia Pulv.....	$\frac{3}{4}$	j.
	Aqua Dest.....	$\frac{3}{4}$	viii. M.

Sig. Use one-fourth at a time added to double the quantity of water, as an injection morning and night.

Before the medicine was all used, she was well, and has remained so to the present writing.—*St. Louis Eclectic Med. Jour.* Dec., '74.

Editorial.

"ELIXIR IODO" IN DIPHTHERIA.

From the *Daily Press*, IOWA CITY, IOWA, JAN'Y. 22d, 1875.

The general public is hardly aware of the painful extent of the Diphtheria epidemic which has prevailed in this city and country during the Fall and Winter. Beginning around that bad drainage in the Third ward, to which we have so frequently called the attention of the Board of Health, the disease has followed every sinuous slough and uncleaned gutter, finally passing on the very breath of nurse and visitor into higher and healthier parts of the city and thence out into the country.

Our physicians have treated it very successfully, one firm handling as many as eighty cases without the loss of one, but with all the skill lavished in some cases, entire families of children have been swept away.

The success which has attended the professional battle with this most dreadful and insidious disease, is due, in a large measure to the exhibit of an agent whose specific effect in these diseases which concentrate their evil force upon the mucous membrane, is of comparatively recent discovery. Those celebrated Chemists and Pharmacutists, Messrs. TILDEN & Co., N. Y., to whom the profession is indebted for so many excellent preparations, are entitled to the credit of introducing that which appears to control the dreaded diphtheria more effectually than any prescription which preceded it. The new remedy is their Elixir Iodo-Bromide Calcium Compound, in the use of which, we are informed, our

physicians have enjoyed such happy success. It has elsewhere the endorsement of the regular profession and of its best practitioners, so that we feel warranted in trying, by this allusion to its virtues, to call the general attention of physicians to its use.

Diphtheria. (*Eighty cases treated.*)

Letter from DR. N. C. MOON, Iowa City. Iowa, Jan'y. 25, '75.

During the past year my attention was called to the therapeutical effect of the Elixir Iodo-Bromide of Calcium Comp. Having used it in acute, sub-acute and chronic diseases of the mucous membranes, especially of the throat, with great satisfaction, it occurred to me from my experience with bromine, as one of the best remedies in destroying the false membrane in membranous croup, that from its therapeutical combination, the Elixir Iodo must be a good remedy in Diphtheria. I therefore commenced its use in an epidemic which has prevailed here during the past four months, and with the most surprising results.

Myself and son, have treated some eighty cases, from the most simple to the most malignant, using the "Elixir Iodo," in every case, and every one has recovered. It is therefore due to the profession that I state my method of treatment, so that they can make use of it if any desire to do so.

I usually dilute it with equal parts of water, and apply it with a soft brush to the inflamed surface, as well as to the ulcers, every three, six or nine hours, as required, and also gave it in doses as required by the age of the patient, usually one teaspoonful every two four, or six hours; continuing this treatment until the patient be convalescent. I use the "Solution Iodo" externally, in some cases adding Tinct. Iodine and Croton Oil, if it is desired to produce immediate counter-irritation; of course other remedies were occasionally employed, according to symptoms and indications. In some cases when the patients could gargle, I would have them gargle with one teaspoonful of the Elixir, to half a tumbler of water, as often as required.

Usually, when called to see a case, if indicated, I most generally give a powder of Leptandrin and Podophyllin, or the Fluid Exts. of the same. Fever mixture if required; subsequently, if extreme prostration, a tonic of Muriate Tinct. of Iron and Quinine, if the tongue was red and dry, dilute Muriatric Acid; if the tongue was loaded and white, would give the Sulphite of Soda—the Chlorate of Potash diluted in water, and as a drink in some cases.

I have treated Diphtheria for eighteen years, and having used a variety of remedies, I am better pleased with the "Elixir Iodo" than any remedy I have ever used. It removes the exudations and destroys the false membrane "*like a charm*," and also seems to promote absorption readily; in these respects it is superior to any, simple or compound remedy, brought to my notice.

I am of the opinion that Diphtheria is a constitutional disease, therefore, I give the remedy as a constitutional remedy. I am aware it is claimed by Flint and other authors, that local remedies

are of no importance; if so, why do one-third, if not one-half of the patients die when this theory is strictly adhered to, I believe in treating this disease with both local and constitutional remedies.

I was called in consultation with an eminent physician where there were five cases. On my arrival, three had died, the other two were on the very verge of the grave; throats covered with false membrane, and necks enormously swollen. The cases had been treated scientifically, according to the best authors, and everything done that it seemed could be. I suggested the use of the Elixir Iodo, (their ages were five and eight years,) to be used in spoonful doses every three hours, the same applied to the throat every two hours. Owing to extreme prostration alternated it with Muriate Tinct. Iron, ten drops; Quinine, two grains every four hours; beef tea freely, and an injection of beef tea, Quinine and Whiskey. Our little patients rallied and made a recovery.

In one family we treated ten cases, one having died before our arrival. The cases were malignant in type. We pursued substantially the treatment I have mentioned, and they all recovered.

It is gratifying to have at hand a remedy upon which we can so surely rely, and since its virtues are known, our people do not seem to be so alarmed about the disease if we treat them with this remedy, such is the reputation it has obtained here.

Diphtheria.

Letter from DR. SHREADER, Professor of Obstetrics, in the Iowa State University.

GENTS.—During a late epidemic of Diphtheria, in this locality, I used the "Elixir Iodo-Bromide Calcium Compound," with decided success. Looking upon the disease as one of the worst forms of blood-poisoning, (Septicæmia) I gave the above remedy to meet that special indication, and was very much pleased with the results. I also used it locally, applying it with a Camel's hair pencil, to membranous patches in the throat—it seemed to possess the power of preventing the spread of the diphtheritic membrane, and disintegration soon commenced under its use.

Scrofulous Eczema.

Extract from letter of JOHN W. SCHULTZ, Cor. Bond and William Sts., Baltimore, Md., Dec. 15, 1874.

GENTS—It is with great satisfaction that I communicate to you the effect of the Elixir Iodo-Bromide of Calcium Comp., upon my child, aged 18 months, which was afflicted since within a short time of its birth, with what several Physicians termed *Scrofulous Eczema*. His body was literally covered with sores. He had been under treatment by several resident Physicians of the city without having derived any material benefit. Accident brought me in contact with Dr. Jones, who regarded the case as almost hopeless, and recommended your preparation as the only article

likely to give relief. We began its use and I am happy to say that my child has been cured by its use, no other medicine being used in the treatment. I most heartily recommend all persons, in and out of the profession, to use it in all similar cases.

Medical Progression.

The great strides that medicine has made even in the last decade, is truly encouraging to every admirer of the Profession. The erroneous theories and inadmissible applications of the perverted Science in the dark and middle ages, have entirely been abolished. The new era in medicine first dawned with Hippocrates. Being sufficiently aroused to see that Nature was blooming every year with the antidote for disease, and yet every year the seed sown by *Deus Naturæ* for man's advantage in sickness, has been unobserved, he resolving that he would labor life long to glean from his surroundings, all possible knowledge pertinent to the science of medicine. Reared in all the erudition and wisdom of his age, he studied general science and having thus prepared his mind for the grand object in view, proceeded to turn all varied acquisitions to attaining a perfect knowledge of the functions and diseases of the different organs of the human body. Not content with the ideas he had learned at home, he set out to travel and compare his own ideas with the opinions that prevailed in other countries. To this object he devoted twelve years of his life, visiting Thrace, Delos, Macedonia and many places in Asia Minor. He spent much time at the Temple of Diana—at Ephesus where he copied out the accounts of diseases usually inscribed on the Votive Tablets, by individuals who imputed their recovery from disease, to the interposition of the Gods. Having thus stored his mind with useful facts and observations he returns to use them for the good of his country, and the benefit of mankind. Hippocrates after all his research was not happy however in some of his explanations; for instance, he supposed that in drinking a small portion of water insinuated itself into the Trachea, which from the irritability of its lining membrane and the accurate closure of its lid, the epiglottis; we now know to be impossible. Aristotle (a pupil of Plato) devoted himself largely to the study of the human frame. And some of his theories proved as erroneous as Hippocrates; for instance, that all animals have flexible necks, save the Wolf and Lion, whose necks are composed of a single bone and that there is no marrow in the bones of Lions. These are sad blots on his general accuracy. Their failures were those of their day, and their excellencies were their own. Turn we now to Vesalius who raised the scientific world from its long kept lethargy and prosecuted science by the true mode of examination and experiment. At a tender age he evinced great predilection for anatomy, so potent was this desire, that to gratify it, he was said to have purloined away bodies from the gibbet, and to have

dissected them in his own bed chamber. He gave the medical world the benefit of his discoveries, and at the age of 25 years, produced a treatise on Human Anatomy. The following century was followed with three discoveries equally beautiful and important, and which gave to Physiology a new interest. These discoveries were the Lacteals by Asselius, the general lymphatic system by Rudbeck, and the great circulation of the blood by Harvey. After these great discoveries, other medical worthies crowded upon the scene, striving for honors in a science that was fast hastening to a more enlightened and elevated position in the world. The names of William and John Hunter, Cuvier, Magendie, &c., are already familiar to our ears, as co-laborers in our Profession, not to speak of the labors of such men as Jenner and Hunter—we advance along a pathway rich in the trophies of a beneficent and life prolonging science. We meet the recent art of auscultation, founded on elaborate combinations of acoustics.—Physiological and Pathological investigation which enable the Physician by putting a few inches of wooden tubing to the chest to pronounce upon the condition of these organs of respiration and circulation which are hidden from sight and touch. We meet with the magnificent researches of our illustrious microscopists who have not only laid open so many secrets of structure, but have largely augmented our means of diagnosis. We meet with the ophthalmoscope, by the aid of which Helmholtz has endowed us with the power of reaching diseases within the eye ball, as from an open book. We trace on all sides the application of medical chemistry to the diagnosis of disease, whether renal, vesical or elsewhere, to the improvement of remedies and to the pathological explanation of mystic facts. Fifty years ago diseases of the respiratory and circulatory organs were enveloped in mysteries; diseases of the interior eye were beyond our physical investigation. The nature and treatment of parasitic disorders were rarely known in outline. Aneurism required amputation; ovarian disease, a death warrant—vesico-vaginal Fistula was deemed incurable; a diseased joint condemned the whole limb. We might by going into detail, record the progress made in the Arts of Medicine and Surgery and the increased exactness of diagnosis arrived at. The whole science of Hygienic health which is becoming a part of common knowledge, is a result of the disinterested scientific labors of Physicians. Conscious then of our Physicians' great responsibilities and duly aware of the impotency of medicine even in this advanced age, to conquer disease in some of its terrible forms, or baffle death in some of its most devastating inroads, we cannot fail to recognize the magnitude of the still unaccomplished task that merits the study of the Medical Profession. Then let each of us labor for the advancement of our science by giving to the Medical Fraternity the results of our experiences, and be quick to observe and apply the discoveries made by others, that are potent in the alleviation of suffering humanity. Far advanced as our

science is, half has not yet been told, each day brings new developments. We have no conception of the capability of man's mind. He who can measure the distances of planets from each other, who can penetrate the bowels of the earth and learn the nature of its matter, is able to drink from a profound well of learning that will give to facts heretofore obscure, a perspicuity that will enable us to hold successfully at bay, the ravages of disorders now considered unreasonable. Facts that will deprive the *Grim Monster* of his prey until his venerable locks have grown hoary, and he is prepared to approach his God.

"Like one who wraps the draperies
Of his couch around him, and lies down to pleasant dreams."
WILLIAM B. MEAD, M. D. Huntsville, Schuyler Co., Ill.

Chinoidine Pills.

MESSRS. TILDEN & Co.:

Allow me, if you please, to make the profession acquainted with a formula for a pill, which I have used in my practice for a number of years with marked success, in the treatment of low grades of malarial Intermitting Fever; as well as common Ague.

B	Chinoidine.....	3 i.
	Ext. Colocynth.....	3 i.
	Oil Black Pepper.....	3 i.
	Carb. Iron, Precip.....	3 i.
	Rhei Indicum.....	3 i.
	Quinia Sulph.....	3 i.

Mix—Pill mass. Div., and make 360 pills.

This is an improvement of mine, upon the old Chinoidine Pill.—Those pills should be sugar-coated, in order to have them retain their pill form, during the warm months of the year.

For an adult, who is laboring under any form of intermitting fever, I usually direct the patient to commence twelve hours before the paroxysm, taking two pills every four hours, until six pills have been taken; and so repeat, commencing before each expected paroxysm, and so continue, from day, to day, until the disease is broken up.

Those pills are anti-periodic, tonic, aperient; and are well calculated to meet every indication in chronic chills, where the patient has become anæmic.

In order to prevent a relapse, (as happens with those cases treated with Sulph. Quinia exclusively,) the pills should be repeated at least, once a week, the same as if the fever was expected; by so doing, the impoverished condition of the blood, is so improved with respect to its normal healthy condition; that the system is completely fortified against a return; and a cure completed.

I. W. FINK, Hillsboro, Ills.

Correspondents will oblige by writing plainly their names, Town, County and State. We are frequently unable to answer letters because these are omitted.

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[No. 2.]

Communications.

ON THE TREATMENT OF DIPHTHERIA,

Having recently received from subscribers letters asking "what is the best treatment for diphtheria"? we surrender much of the space devoted to *Clinic* to extracts from the article on "Diphtheria," by Dr. Oertel, in Ziemssen's Cyclopedia, a work noticed at length in our last issue. It may here be remarked that Dr. O. is perhaps the highest living authority on this subject.

"*General Treatment.*—The treatment of diphtheria by internal remedies is based upon the same principles as those which guide the administration of internal remedies in other infectious diseases.

As we possess no remedies which act directly to destroy or restrain the disease, or the virulent poison which causes it, we resort only at the present time to those agents which meet the existing indications.

"For this purpose therefore cooling and anti-febrile remedies should be chiefly given during the commencement of the sickness; these are for instance, the mineral acids, dilute hydrochloric and phosphoric acids, the solutions of the sulphate or the muriate of quinine in doses proportioned to the age of the patient and the vigor of the symptoms. If gastric symptoms usher in the disease, we can best quiet these by the administration of remedies containing carbonic-acid gas, such as the effervescing draughts and various mineral waters. Where exhausting diarrhoea exists we must combat

it energetically at once, employing for this purpose, according to the intensity of the trouble, oily and mucilaginous substances in combination with varying doses of opium, or solutions of tannin, alum, nitrate of silver, etc. If on the second or third day the fever diminishes, and all complications have been successfully brought under control, our best plan is to wait, and not to resume active interference until new and generally alarming symptoms develop.

"In some cases already on the third or fourth day an alarming diminution of the patient's strength is observed; under these circumstances we must give the preference to excitant remedies. When the pulse becomes frequent and lacking in force, and the heart-sounds are feeble and indistinct, we may resort to the use of quinine in large doses (from eight to fifteen grains); and should this succeed in strengthening the heart's action—which, alas! is very rarely the case—we may then change to other tonic remedies. Still even quinine may be continued for some time with advantage as a tonic, if administered in small doses of from three to four and a half grains in the course of the day. The stronger wines and nourishing diet, in the form of concentrated meat broths, soups to which the yolks of eggs have been added, tea and coffee, will also be found indispensable adjuncts. If under this treatment the patient does not recuperate, we may expect soon to see a still further depression of the vital forces, with indications of a pronounced sepsis, and symptoms of a fatal termination. At this point we may employ without hesitation large doses of the strongest irritants, as, for instance, sulphuric ether, Bestuscheff's tincture of iron, * and cognac, combined with the stronger wines, in the hope of exciting the feeble and irregularly-acting heart to energetic contraction. In adults sulphuric ether or Bestuscheff's tincture should not be given in smaller doses than ten drops every hour, if we expect to obtain the desired effect; and where collapse has begun to show itself the same dose, or even a larger one (from twelve to fifteen drops), should be given every half hour not only during the day, but throughout the night, or at least the greater part of it. Even in children and young individuals, where as an exceptional thing death has not been caused by suffocation through the blocking up of the larynx and air-passages, but is, however, threatening the patient's life through septicæmia, we should not hesitate to employ these same remedies. The dose must then, of course, be reduced so as to correspond with the age of the patient and the

* Chloride of iron dissolved in a mixture of one measure of ether to three of alcohol. It contains one per cent. of iron.—*German Ph.*

intensity of the disease. The English recommend the administration of large doses of cognac in diphtheria under the same circumstances as those in which they have been in the habit of using it in typhus; and I have myself used it several times, with permanently good effects, giving in the course of a day to an adult from four to six ounces. Where cognac alone does not seem to agree with the patient it can be mixed with wine—Bordeaux, for instance, or Carlowitz—or with sweetened water, and given in conjunction with ether and Bestuscheff's tincture. In children it should be mixed with simple syrup or the syrup of orange peel, in the proportion of one part of cognac to two of syrup; in this shape it is borne well. * In severe forms of pharyngeal diphtheria it will sometimes be necessary, even in children only three or four years old, to administer in the course of a day as much as an ounce or an ounce and a half of cognac; but the strong wines, such as Tokay, port-wine, and strong Bordeaux, also act powerfully upon the heart, and their use is therefore highly to be commended.

"It is extraordinary what large quantities of ether and alcoholic beverages may be taken, even by children, when the septic influence of the disease has lowered the excitability of the central organs and enfeebled the action of the heart. On the other hand, it is of course clear that if these be used prematurely and without judgment their effect may be the very reverse of what is desired; they may greatly increase the frequency of the pulse and the temperature of the body, they may call into existence symptoms of irritation of the brain and spinal cord, or they may induce serious disturbances of nutrition by the gastric complications which they cause. The first appreciable improvement produced by these remedies shows itself in a diminution of the frequency and a greater regularity of the pulse, together with a more natural temperature of the surface, especially noticeable at the extremities; the pulse gradually improves in quality, is fuller and stronger; the sensorium, if previously clouded, becomes clearer; and that too notwithstanding the enormous quantities taken of ether and alcohol, which under ordinary circumstances would have produced a very marked obscuration of the faculties; and finally the patient shows signs of returning strength and energy in all his functions.

"If these manifestations of improvement are followed by genuine convalescence, we should, of course, gradually exchange these stronger stimulants for tonics, like quinine, iron, and good,

* Charles West, in the course of one day, once gave with good results nearly four ounces of cognac and an equal amount of port-wine to a child four years old.

nourishing diet; but at first it is well not to give up the cognac and strong wines altogether. As a rule, those patients whose constitutions have been deeply affected by the poison of the disease do not recover at once. After the lapse of a short time, and generally while the urine contains albumen, secondary paralysis or other sequelæ occur, and necessitate further treatment and constant supervision on the part of the physician.

"If during the subsequent course of the disease, or even during the first few days, the patient manifests increasing signs of apathy and prostration, his pulse diminishing steadily in frequency until it reaches perhaps the rate of from forty to fifty beats in the minute, and the temperature of his body falling to a proportionate degree, it is hopeless to expect any assistance from stimulating remedies. Neither ether, musk, castor, nor camphor will prove of any avail in averting death.

"*Local Treatment.*—In the management of the diphtheritic inflammation on mucous membranes we have two objects to keep prominently before us; first, the character of the inflammation itself; secondly, the signs of reaction which precede the process of repair, the *vis medicatrix naturæ*.

"The diphtheritic affection of the mucous membrane is distinguished as an exudative inflammation, which may increase from a simple catarrhal exudation to the pouring out of a fibrinous effusion upon the mucous membrane, or may even lead to the mortification of the tissue itself through the amount of inflammatory products and of micrococci; at the same time the entrance of vegetable organisms into the blood and the absorption of injurious products of decomposition induce a general poisoning of the system.

"Any therapeutic procedure then which in any way involves the danger of promoting these processes will be already barred in advance. When retrogression of the pathological process takes place, and the false membranes become detached by the unaided efforts of nature, we find that this is invariably done through supuration. The entrance of micrococci and the absorption of putrefying substances is prevented by a thick impermeable layer of pus-corpuscles, which at first infiltrate the superficial portions of the tissue, and ultimately pressing forth from it form a separating stratum of pus on the surface of the mucous membrane. The process of healing in the case of wounds which are the seat of diphtheritic infection is accomplished in the same way, as I have

repeatedly demonstrated in diphtheria of the respiratory mucous membrane; the removal of dangerous matters is accomplished here too by means of suppuration."

After condemning local blood-letting and the application of ice as not only useless but as absolutely hurtful, Dr. Oertel next considers "the effort to remove the seeds of the infectious material from the mucous membranes by mechanical detachment of the pseudo-membranes, or by destroying them with caustics or chemical solutions; and secondly, the aim to effect by astringents mainly a contraction of the inflamed mucous membrane and a limitation of the exudation.

"Now, as far as concerns the *mechanical* detachment of the pseudo-membranes as being sources of inflammation, it certainly requires only a brief reference to the pathology of the process to make evident the uselessness and danger of such an interference. It can not be enough insisted on that in diphtheria of the mouth and throat the contagious material is not confined to the false membranes, but is present throughout all the mucous membranes involved, as well as noticeably in the fluids of the mouth, in greater or less quantity. If now we attempt the mechanical detachment of the deposit, which in the beginning of the process is still quite firmly adherent, it always results in the production of small wounds of the surface of the mucous membrane, as shown by bleeding points where the individual capillaries have been torn. The possibility of an easier and considerable entrance of vegetable parasites and products of decomposition into the tissues is thus readily afforded, and, as proved experimentally, the life of the patient is put in far greater danger. The immediate result of such mechanical violence is, as a rule, the rapid reproduction of the pseudo-membranes, and at the same time they spread over a greater extent, owing to the increase of local inflammation and fibrinous exudation. But the final results where such a procedure has been resorted to are extraordinarily bad; the vast majority of patients, where the diseased process is intense the whole of them, succumb to the infection of the general system.

"In the attempt to combat the local process by *cauterization* we meet with a state of things similar to what occurs when a simple mechanical detachment of the pseudo-membranes is attempted. This procedure was one of the earliest employed against diphtheria, and since it agreed very closely with the theoretical views held on the subject it was soon very widely adopted. Not only is it im-

possible completely to annihilate the diphtheritic contagious material, even by repeated cauterization, when it has once become diffused throughout the whole buccal cavity, though every patch be never so carefully destroyed, but it is also impossible to combat the local disease by attempts to convert the specific inflammation into a simple one by these cauterizations. The immediate result of even the most prudent cauterization is always a certain degree of mechanical violence to the inflamed mucous membrane, and the more circumspectly we endeavor to destroy all the grayish-white deposits the more is the sub-epithelial tissue of the mucous membrane laid bare, the resulting slough failing to afford thorough protection in the way of a covering. In the cavity of the mouth, and in the mucus and saliva it contains, growths of micrococci, as products of decomposition, are present in sufficient quantity to easily find their way into the lacerated parts of the mucous membrane, even if these be scarcely as large as a pin's head or only discernible with the microscope; and besides, the increased inflammation caused by the mechanical and chemical irritation furnishes a much more favorable soil. * I was enabled to observe these facts and prove them experimentally as long ago as 1864 and 1865. There can be no doubt then that the unfavorable results which have been attained on all sides by cauterizations, more or less energetically practiced, must put a stop to this procedure, even if in its stead we should be obliged to resort to the opposite, the purely expectant and symptomatic treatment.

"But even the attempt to dissolve the pseudo-membranes chemically will prove practically valuable only so far as it can widen the space encroached upon by the membranes. But the danger of suffocation is scarcely to be feared when the throat alone is affected, however thick the membranous deposits may be, but only when the larynx and trachea are involved at the same time, and when owing to the encroachment of the membranes, it becomes of vital consequence to remove them. With regard to the affection of the mucous membrane itself, as well in the case of the mouth and throat as in that of the other air-passages, the solution of the false membranes by chemical means can not, as I have shown, have the least influence so long as the inflammation itself is not subdued. After dissolving the pseudo-membranes a new fibrinous exudation takes place, a second one forms, and even sometimes a third, without the treatment having gained any ad-

* Compare Aertzel, *Intell.-Bl.* 2868. No. 81.

vance upon the disease. It is a necessary condition for improvement that after the removal of the false membranes the exudation also should cease, and a corresponding reaction, with energetic production of pus and new formation of cells, should take place upon the mucous membrane, which has been deprived of its epithelium and perhaps too of the uppermost of its layers of connective tissue. The danger too of a general systemic infection is just as little diminished by the chemical detachment of the pseudo-membranes as by the mechanical; and besides, in the former case the possibility of the introduction of masses of micrococcus and decomposing substances into the mucous membrane, already laid bare and deprived of its epithelium, is greatly increased; the vegetable parasites and products of decomposition present in the mouth and pharynx are just as little destroyed by the chemical agents used for dissolving the membranes as by the caustics, which were formerly employed locally. When therefore it is not a question of treating a mechanical closure of the air-passages, or of averting the danger of threatening suffocation, we have no reason for using this procedure.

[CONCLUDED IN MARCH NUMBER.]

SALICINE IN THE TREATMENT OF CHRONIC DIARRHŒA.

BY JOHN S. HUGHSON, M. D., OF SUMTER, S. C.

In the *Medical and Surgical Reporter*, of February 1st, 1873, Dr. Mattison, of New Jersey, recommended Salicine in obstinate and chronic diarrhœa. All cases coming under my care being easily controlled by usual remedies, the salicine treatment had almost escaped my mind, when, the first of last April, I was called on by a gentleman suffering from chronic diarrhœa, of nine months standing. He had during the first part of this time been under the care of a physician in an adjoining State, and not improving, he returned home and placed himself in the charge of a competent physician here. Months passing without any permanent improvement, he became weary and disheartened, and looking on life as a burden, and health as a thing to him ever in the future, to be unknown, he called to place himself under my care, with but a faint hope for brighter days. I found, upon inquiry, that he was having from eight to twelve evacuations during each twenty-four hours, generally watery in their character, but occasionally a little

blood and mucus. He told me that all the remedies commonly employed in these cases had been faithfully tried, without success. So, feeling that it would be useless to try again what had already failed, I resolved to treat the case with salicine, as recommended by Dr. M.; so prescribed—

℞ Salicine..... 3 ii.
Syrup..... q. s. M.

Divide into pills No. 48.

Sig.: Two to be taken every four hours.

And directed a continuation of Sulp. Zinc injections that he was already using. On the third day he called to report improvement; continued medicine as before; and in a month's time he pronounced himself entirely well. The prescription had not been changed from the first day. I saw this gentleman a few days ago, and was told that he has had no symptoms of a return of the disease, and feels as well as ever in his life.

On the 4th of August I was called upon and informed that a lady from a neighboring town, some thirty miles distant, would (if possibly able to travel) arrive on the evening train on the 6th instant, for the purpose of placing herself under my care, and, also, hoping for benefit from a change of air and scene, and I was requested to see her as early as possible after her arrival. Accordingly, on the evening of the 6th, I called at the residence of Mr.——, and found Mrs.——, an object pitiable, indeed, to look upon; from a beautiful, gay, and fascinating woman, she had become changed to almost a skeleton, with wan looks, her eyes encircled by dark rings, that gave in contrast to her otherwise pale features a truly ghastly look. Reclining upon a sofa, with the soft light falling upon her attenuated form, she looked as if grim death had, indeed, (as she declared,) claimed her for his victim. She told me that for six months past she had been suffering from chronic diarrhœa of a most obstinate nature. Her medical attendant (an accomplished gentleman and physician) had, during the course of treatment, used various remedies, without obtaining any permanent benefit. Her bowels acted from twelve to eighteen times during the twenty-four hours, very watery, and occasionally passed a little blood, the tongue clean, no appetite, no tenderness over the bowels, and but little pain at any time, but the constant drain upon her vital powers was gradually but surely wearing her life away. Diagnosing this as a case not so much of an inflammatory nature

as of a want of tone in the muscles and lining membrane of the bowels, I prescribed—

R Salicine..... 3 ii.
Syrup..... q. s. M.

Divide into pills No. 48.

Sig: Take two every four hours, with mild Sulp. Zinc injections, morning and evening.

Being despondent, I endeavored to cheer her by anticipations of a happy return in health and strength to the bosom of her family and the caresses of her little ones. On the fourth day there was decided improvement, there having been but two or three evacuations during the day and night, and these of a more natural character. At the expiration of a week, without any other medicine, (with exception of a few doses of Co. Tinct. Cardamom, for the relief of flatulency,) she was able to walk about the house, her bowels acting but once during the twenty-four hours, and that action normal in color and consistency. Ordered the pills now to be taken only four times a day. Health and strength returning at the expiration of two weeks from the time of my first visit, I was able to pronounce the case as having reached a successful termination. Directed, however, that the pills be continued three times a day for a week, and after that time to be used only in case of a threatened return of the disease.

To those who have not already made use of this remedy, I would advise a trial of it in the next obstinate case of chronic diarrhœa coming under their care, and as a tonic and astringent it will hardly disappoint them, but often cheer their way by bringing health and strength to the sufferer, and a measure of satisfaction to their own breast at having been the means in the hands of a higher power of rescuing some loved one from a life of continuous despair, or perhaps, an early grave.—*Charleston Med. Jour. and Review*, January, 1875.

EFFECT OF SINAPISMS, NITRITE OF AMYL, ERGOTINE, CHLOROFORM, AND OPIUM, UPON THE CEREBRAL BLOOD-VESSELS.

Dr. Max Schuler—*Berl. Klin. Wochenschrift, Chicago Jour., Nervous Diseases*, Oct. 2, 1874—records some experiments demonstrating the action of sinapisms on cerebral circulation. He ex-

perimented with rabbits; the dura matter was laid bare, and through it the circulation of the pia matter could be distinctly observed. He found that *after the continued application of large sinapisms the cerebral vascularity was reduced.* When the greater part of the abdomen or back was covered with mustard, the frequency of respirations increased at first with the pulse, while the vessels of the pia matter dilated regularly as its first influence began to be felt. Soon the calibre of the vessels began rapidly changing; a rapid contraction generally following the previous dilatation, lasting for time, while the pulsations of the vessels became more and more indistinct until an equally sudden dilatation supervened. These changes continued for about ten minutes, gradually diminishing, leaving at last the vessels in a state of permanent contraction; the brain accordingly depressed; the frequency of respiration fell in one-half hour one-half; the pulse retained its frequency for rather a long time, being reduced in one-half hour only four or five beats in one-sixth of a minute.

After half an hour the mustard was removed and skin washed; the integument was reddened and tumefied. On cutting into it the subcutaneous tissue was found œdematous—tumefied into a tough gelatinous mass—its vessels, and those of the corium, bleeding freely. The cerebral vessels remained contracted after removal of the mustard, sometimes one and one-half hours. During this period irritants ordinarily dilating these vessels had little effect.

In explanation of the above phenomena it is most reasonable to assume that in the beginning of the influence of the mustard there is a reflex paralysis of vaso motor nerves, by an irritation of cutaneous sensitive nerves, whence the moderate dilatation. Subsequently, when relaxation of the cutaneous vessels and hyperæmia of the skin have been induced by the toxic action of mustard, a depletory influence on the cerebral vessels must be the result of this peripheral congestion, while the vaso motor paralysis has not yet passed off.

EFFECTS OF AMYL ON CEREBRAL CIRCULATION.—Dr. Schuler, experimenting with nitrite of amyl, as with mustard, was able to demonstrate the hitherto supposed action of this drug, viz: that it *relaxed the cerebral vessels.*

Thus it follows that good results are to be expected from the use of nitrite of amyl in all cases in which there is a morbid contraction of the arterioles of the brain.

EFFECT OF ERGOTINE ON CEREBRAL CIRCULATION.—Continuing his observations, Dr. Schuler demonstrated that injection of ergotine was followed by a powerful and continued vascular contraction at the place of injection, and in both the arteries and veins of the pia matter.

ANTAGONISM OF ERGOTINE AND NITRITE AMYL.—Dr. Schuler found that ergotine would contract the cerebral vessels when they were dilated to their fullest extent. On the contrary, nitrite of amyl would not dilate vessels contracted by ergotine.

ACTION OF ERGOTINE ON VASCULAR MUSCULAR FIBRE.—Schuler found that ergotine would contract arterioles when the sympathetic nerve supplying these arterioles was divided. Thus we have direct proof that ergotine acts on the muscular fibre of the arteriole.

EFFECT OF OPIUM ON CEREBRAL CIRCULATION.—It was found that opium produced a primary dilatation of vessels at the place of injection, and of the pia matter. But soon the cerebral vessels undergo a contraction, and the brain collapses. The dura matter is raised moderately by the increased cerebro-spinal fluid. After narcosis a moderate dilatation follows.

EFFECT OF CHLOROFORM ON CEREBRAL CIRCULATION.—It produces a primary contraction of the arteries of the pia matter and subsequently of the veins, with relaxation of the pulse. Soon there follows an increasing relaxation of arteries and veins, and finally an excessive venous stasis amounting to actual "cyanosis." The arteries assume a darker color from the venous character of the blood. The pulse rises somewhat, after a time, to sink again on continued inhalation; but the calibre of the vessels does not change. The admission of fresh air turns the blood red again and changes the calibre of the vessels.

Nitrite of amyl can remove the effects of chloroform on cerebral vascularity in a short time. The arteries dilate, assume their normal color, the veins likewise, the respiration becomes more frequent and unimpeded:

This restoration by nitrite of amyl will succeed even after a very prolonged action of chloroform, though with less vigor. Similar results are obtained after division of the vagus. Neither the action of nitrite of amyl or chloroform on the cerebral circulation is affected by the secretions of the vagus.—*Detroit Review of Med. and Pharmacy*, Feb., 1875.

ANODYNES IN HEADACHE.

Dr. Sydney Ringer, the eminent London therapist, remarks in the *British Medical Journal*:—

Many remedies act in a two-fold or even three-fold way. Thus bromide of potassium is often extremely serviceable in two ways. It is very useful in those cases where the seizure is due to uterine disturbance, as in menorrhagia and dysmenorrhœa. Sometimes the attacks are the more severe and frequent, arising from the exhausted state of the nervous system. Perhaps, from overlong town residence, or from mental troubles, the patient becomes irritable depressed, nervous, excitable, with broken sleep, harassed by dreams. The ensuing general depression increases the headache. Now, bromide of potassium soothes the patient, and by promoting refreshing sleep, strengthens the nervous system, and thus lessens the frequency and severity of the headaches. Bromide of potassium, moreover, is serviceable in the paroxysm itself, for it may produce several hours' sleep, from which the patient awakes free from headache.

The pain of megrim is situated in the fifth nerve; and remembering how closely megrim is allied to neuralgia, and how useful hydrate of croton-chloral is in facial neuralgia, I have been induced to try this remedy for the seizures of megrim, and have found it useful in cases of which the following may be taken as a type.

A woman has been subject for years to nervous sick headache; then, owing to some great trouble, or to excitement, fatigue, or flooding, or prolonged suckling, or most frequently at the change of life, the headache becomes much more severe. The headache is continuous for weeks, perhaps months, but is intensified greatly by fatigue, excitement, or at the catamenial period. If not actually continuous, the headaches comes on daily, lasting, perhaps, for many hours, or several attacks may occur each day. The pain is often intense, and whereas, previously to the worst form of headache, the pain was probably limited to one bone, it now affects both, and perhaps the greater part of the head. The skin is generally very tender. There is also a sensation of bewilderment, or as some term it, a stupid headache, and the patient often says she feels as if she should "go out of her mind." The sight may be dim, especially during the exacerbations of pain. Some patients of this class are very excitable and irritable, and are upset with the slightest noise. Nausea and even severe vomiting may occur with each

exacerbation of the pain. Five grains of croton-chloral every three hours, or even oftener, will give, in most cases, considerable relief. I need hardly say, that the drug does not entirely free the patient from her attacks; but, in one or two days, the pain ceases to be continuous, then the attacks recur, but only once or twice a week, the interval gradually extending till an onset occurs only every week, then about every fortnight, or even longer, till the illness assumes its old type and periodicity. In some cases a week's treatment suffices to bring back the headache to its original type of an attack once in three or four weeks. Then the croton-chloral appears to be far less serviceable, manifesting but slight effect on the periodical attacks. In many cases of ordinary periodical headache, the patients say that, in the milder forms, the drug distinctly lessens the severity and duration, but in the severer forms it is without effect, even when sickness is absent. In those cases accompanied by severe vomiting and retching croton-chloral is useless, being speedily rejected.

Croton-chloral, I have found, will relieve the slight attacks experienced by some delicate and nervous women after any slight fatigue or excitement.—*Med. and Surg. Reporter*, Jan., 2, 1875.

ALCOHOL AS A THERAPEUTIC AGENT.

BY H. A. NEWPHER, M. D.

In consideration of this question I shall not refer to the various pathological conditions of the system for which Alcohol may appropriately be given as a remedy, but confine myself chiefly to the discussion of its eligibility as an agent for therapeutic application, and to adduce evidence of its dietetic qualities. To point out the various affections in the treatment of which Alcohol may, or is usually given with beneficial effects, would in the main be uninteresting; but as the profession is not unanimous in its opinion as to the advisability of employing Alcohol as a remedial agent, nor agreed as to the disposition made of it in the economy, the discussion of the question in relation to those several points, may probably not be fruitless in practical results.

When we consider the peculiar and remarkable effects that Alcohol exerts upon the various functions of the economy, it would

indeed be strange if it did not prove of great value in the treatment of disease. We find that it acts as a powerful diffusive stimulant, that it excites the vascular and nervous systems, increases heat of skin, exhilarates the mental faculties, stimulates the secretions, etc., when not given in quantities sufficient to manifest its toxical effects. These are certainly valuable properties to be possessed by any single agent, and in the treatment of nearly every disease, there are indications for the employment of a remedy that favorably and healthily influences the precise physiological functions upon which alcohol manifests its influences. It may in general be accepted that every agent that effects visible and marked influences upon the various functions of the organism is possessed with genuine remedial virtues, be the substance vegetable, mineral, animal or gaseous. It is, however, not necessary to establish the therapeutic action of alcohol, as most physicians will admit its valuable remedial qualities.

The question is, "Is it a safe remedy to use in the treatment of disease?" The question of its fitness would never have been raised, were it not the agent with which the most pernicious habit to which man is addicted was gratified. Intemperance in the use of alcoholic drinks is "a monster of such hideous mien," and so mischievous to the welfare of society and race, that every measure should be taken to abridge the spread of this curse. If, therefore, intemperance is promoted by the profession in consequence of their employment of alcoholic beverages for medicinal purposes, it is high time that such action be abandoned. No matter how good and valuable a remedy alcohol may be, physicians cannot justifiably prescribe it, if the intemperate use of it is likely to follow such advice. There exists already more or less prejudice against its employment for medical purposes, not only by the laity, but notably so by some of the profession. The teetotal sentiment is measurably opposed to the license physicians enjoy for dispensing alcoholic beverages for medical purposes, and often directly charge the profession with a portion of guilt of fostering intemperance. In some bigotry takes the place of mere antipathy, as is the case of one of my patients, who would not, on any account, take either tinctures or fluid extracts. The impression that doctors make drunkards is more or less a general one, and if based on truth, medical practice must be reformed in this respect; but if the impression is false, as I sincerely believe it is, we must assert our rights, so that our actions may not be hampered by the uncharitable sentiment of teetotalism.

I do not mean to say that there is no danger at all, and that alcohol may be safely prescribed in every case where indications exist for its employment. The possibility of making drunkards is just sufficiently certain enough to render precaution advisable. But the danger is certainly trifling. It can surely be used with entire safety in the supportive treatment of typhoid conditions of various fevers, pneumonia, pulmonary affection, &c. In these cases, there is such a wide departure from healthy physiological action, the taste is vitiated, and vitality so feeble, that there is no possible danger of the formation of strong desire from the administration of an alcoholic beverage. The senses must be healthy, and the organism in a tolerably fair condition of health, before a strong appetite can be created. It is, therefore, only necessary to advise discontinuation of stimulants after confirmed convalescence, and to avoid the prescription of alcoholic drinks for trivial physical disorders, to guard against every possible liability to the acquirement of a morbid desire on the part of the patient. And as these precautions are generally observed by most physicians, I cannot conceive how the profession can justifiably be blamed for the employment of alcohol for therapeutic purposes. Again, there is the greatest difference in the influence between taking alcoholic drinks as a medicine or drinking them under convivial surroundings. The stated times, the measured doses, &c., are almost proof against the formation of a depraved appetite. The physician, also, desires only the stimulant effects of alcohol, and, therefore, not enough is usually advised to be given to provoke its peculiar exhilarating properties, or to pervert the mental faculties in any possible manner. The seductiveness of alcohol consists in its exhilarating and enlivening effects, and if repeatedly partaken of under convivial surroundings, it leads almost surely to eventual intemperance.

In prescribing alcohol for persons whose health is comparatively good, but who may nevertheless be troubled with an affection for which it is a sovereign remedy, as chronic sleeplessness for instance, it would in all cases be prudent to inquire into the existence of an hereditary predisposition to intemperance.

If parents or ancestors have been intemperate, the probability of an insane desire lurking in the system is often the case, and which only requires the effect of alcoholic stimulus to arouse it into uncontrollable activity. In this and in certain other particulars, it behooves us to exercise precaution; but to be deterred from the exhibition of alcoholic drinks by a danger that is purely imaginary, is

not consonant to the independence the physician should assert in matters of medication.

I was very sorry to see the article in the last volume of the Transactions of the State Society, considering this question. It is proscriptive, uncharitable, and very abusive of those physicians who have faith in the virtues of alcohol, and accordingly prescribe it. The epithet of "whiskey doctor," repeatedly made in the article, is exceedingly offensive. It is an ill-considered production, and reflects but little credit upon the author. A more thorough acquaintance with the facts of the matter, and a little more charity, would, I think, have made him hesitate before committing himself to write as he has done.

The profession, as well as others, have long been in error as to the action of alcohol in the economy, and as to the manner it was disposed of by the absorbents and other functional processes. It was generally supposed that it acted only as irritant in the system, that it exerted no influence upon the tissues, but after having passed through the vascular system, it was passed off by the different emunctories, unchanged in character, and in quantities aggregating to the whole amount imbibed. If any residuum remained, it was left, still unaltered alcohol, to poison the blood and other tissues—notably the nervous. Hence its dietetic use was always soundly decried by the temperance agitators. They stated that it was worse than useless, positively injurious, to permit alcoholic beverages a place among dietetics, since the system rejected all of it, and because it contributed nothing to the tissues. For this error we are indebted to Lallemand, Perrin, and others, who with their chromic-acid test found free alcohol in the secretions from the emunctories, and therefrom based their conclusions as to the extent of the eliminations. The fallacious results of these experiments would yet be generally accepted, had it not been for the careful, serious experiments of Drs. Anstie and Dupré, the former of whom, as you are possibly all aware, died but recently, a misfortune the profession truly lament, as his untimely death is a great loss to science. These experiments have dealt a death-blow to the opinions of Lallemand and others with regard to the elimination of alcohol, and which has so long constituted the stock in trade of teetotal orators.

[CONCLUDED IN MARCH NUMBER.]

CINQUEFOIL IN PUERPERAL PERITONITIS,
AND ON THE TREATMENT OF DIPHTHERIA.

BY WM. H. HAUSER, M. D., OF BARTOW, JEFFERSON CO., GA.

In the United States Dispensatory, edition for 1851, this plant is characterized thus: "*Potentilla Reptans, Cinquefoil*, a perennial, creeping, European herb, with leaves which are usually quintate, and have thus given origin to the ordinary name of the plant. The root has a bitterish, styptic, slightly sweetish taste, and was formerly used in diarrhoea, and other complaints for which astringents are usually prescribed."

I shall say nothing of the properties here ascribed to this plant, but I will say that it is the best and most powerful *sudorific* I have ever found. And, like all of its class, it is, under certain circumstances, diuretic also. Dr. Edwin LeRoy Anthony, son of Dr. Milton Anthony, founder of the Medical College of Georgia, assured me, many years ago, that he had cured gonorrhoea with it. But my purpose, in this short article, is to ask the attention of the medical profession to it in the treatment of peritonitis of any kind, but especially *puerperal peritonitis*. In a large practice, of more than twenty years, I have never found anything, nor all other things combined, to equal this simple plant in the treatment of this exceedingly painful, dangerous, and sometimes stubborn disease. I have never failed with it once, in all this time, to the best of my recollection. A recent case, that gave much trouble and anxiety to two of my honored medical brethren, has brought it afresh to my mind; though I have not been in practice myself for eight years. My method with it is simply this: Make as strong a decoction of the plant, leaves, vines, and roots, as possible, and give the patient (at any stage of the case) large draughts of the tea, as hot as she can drink it, every half hour, or oftener, till she be thrown into full perspiration. All pain and fever will soon be gone, and then then you have the entire mastery of the case.

This plant is *American*, not European, and resembles the common strawberry in leaves, vine, and mode of bunching. Its blossoms are yellow.

Diphtheria.—I shall not waste the time of the printers and readers of the *Journal* by writing a word on the characteristics of diphtheria, as I hope every reader has carefully studied Dr. George E. Treseot's scholarly and exhaustive article on the subject;

I wish only to tell, in the plainest style, and fewest possible words, how I have cured it, in every case I have treated. Here is the plan:

R Nicotiana tabacum, opt.
 Piper rubrum, āā..... 3 ij.
 Sodii Chlor. 3 ij.

Pour boiling water on these articles, about two gills, or more. Mop the tonsils and neighboring parts frequently, severe as it will be, till relief is obtained. Be bold, and fear not; nay, "doubt not." If half a grain of solid carbolic acid be added to the above, all the better. Mop when the decoction is blood-warm.—*Charleston Medical Journal and Review*, January, 1875.

ON THE USE OF HYPODERMIC INJECTIONS AND THE ANTAGONISM OF ATROPIA AND MORPHIA.

Dr. J. H. Bennett (*British Medical Journal*, November 7, 1874.) gives the following results of careful and extended experiments and observations:

(1) Conia, atropia and daturia have no power to lessen pain when used hypodermically.

(2) Morphia thus used is of the utmost value to relieve pain, and is most potent in certain forms of neuralgia the nearer it is applied to the seat of the suffering.

(3) Morphia lowers the pulse slightly, or not at all. Atropia usually lowers the pulse a few beats within ten minutes, and then raises it twenty to fifty beats within an hour. The pulse finally falls about the tenth hour below the normal number, and regains its healthy rate within twenty-four hours.

(4) Morphia has no power to prevent atropia from thus influencing the pulse, so that as regards the circulation they do not counteract one another.

(5) During the change of the pulse under atropia the number of respirations is hardly altered at all.

(6) As regards the eye, the two agents in question are mutually antagonistic, but atropia continues to act for a much longer time than morphia.

(7) The cerebral symptoms caused by either drug are, to a great extent, capable of being overcome by the other, but owing to the different rates at which they move to affect the system it is not

easy to obtain a perfect balance of effects, and this was made the more difficult from the fact already mentioned, that atropia has the greater duration of toxic activity.

(8) The dry mouth of atropia is not made less by the coincident or precedent use of morphia. Atropia does not constipate, and may even relax the bowels; morphia has a reverse tendency.

(9) The nausea of morphia is not antagonized or prevented by atropia.

(10) Both agents cause dysuria in certain cases, nor is the dysuria occasioned by the one agent relieved by the other.

(11) Atropia has no ability to alter or lessen the energy with which morphia acts to diminish sensibility or relieve the pain of neuralgic disease.

(12) As regards toxic effects on the cerebral organs, the two agents are mutually antidotal, but this antagonism does not prevail throughout the whole range of their influence, so that in some respects they do not counteract one another, whilst as regards one organ—the bladder—both seem to affect it in a similar way.—*Detroit Review of Medicine and Pharmacy*, Feb., 1875.

GUN-SHOT FRACTURE OF THE SKULL— TREPHING—RECOVERY.

Mr. H. Smith reports the case of a man, age 20, who attempted to commit suicide by shooting himself in the forehead. When seen immediately afterwards he was quite insensible, and his face was covered with blood, which proceeded from a star-shaped wound in the forehead just above the nose. The wound and the surrounding skin were blackened with powder, and both tables of the skull were visibly extensively comminuted. There was a jagged irregular opening in the external table of the skull, through which the finger could be easily passed, when it came upon a mass of comminuted bone of the internal table, which was pressing upon the membranes of the brain.

His extremities were cold, and his pulse slow; there was no paralysis, and the pupils acted; there was no strabismus.

Mr. Lawson proceeded to examine the wound and to remove all the detached portions of bone and the pieces that were partially broken and pressing on the brain. As the external wound of the frontal bone was much smaller than the internal table, two small

semi-circular portions of bone were removed by the trephine from above and below the opening in the external table of the skull, and with a pair of dressing-forceps, nine pieces of bone and the bullet were lifted away from the surface of the dura mater, which was found to be considerably lacerated. One of the fragments of bone was nearly as large as a florin, and some small pieces of the dura mater came away attached to some of the fragments of bone. The contused and lacerated integument was then adjusted as far as possible over the wound, and a pad of wet lint, without any disinfecting fluid, was laid over the parts, and kept in position by a bit of plaster.

After about a week of inflammatory trouble the patient began to grow better, and then progressed steadily to complete recovery.—*New Jersey Eclectic Med. and Surg. Jour.*, Feb., 1875.

Monthly Summary.

OF

Therapeutics and Materia Medica.

Hydrochloral by the Rectum in the Vomiting of Pregnancy.

Dr. Simmons, the chief surgeon to Ken Hospital, Yokohama, Japan, remarks that he does not remember having seen hydrochloral, by the rectum, recommended in the vomiting of pregnancy. Should this application of it, however, not be new, the results of the following observations may still have their value for or against the conclusions already arrived at. Aware of the suddenness with which this symptom sometime ceases, after all hopes of saving the mother, without emptying the uterus, have failed, and that, too, without being able to attribute it to any of the numerous remedies which usually have been tried, except the last, he has waited for a third case before venturing a decided opinion as to its value. Although he saw these cases only in consultation, especial care was taken to obtain their correct histories. The following is one of his cases: Patient aged 30, third child. Commenced excessive vomiting during the fifth week of pregnancy, which continued, with the usual intermissions, till the tenth week, when we saw her. For several days previous the nausea and vomiting had been almost constant, both day and night. She had become very much emaciated and unable to sit up, even in bed, not having retained any nourishment on the stomach for several days. All the usual

remedies had been tried, such as oxalate of cerium, hydrocyanic acid, hypodermic injections of morphine, &c., but with little benefit. He suggested the administration by the rectum, morning and evening, of thirty grains of hydrochloral in mucilage, and this to be increased if there was no improvement, or if the specific effect of the medicine was not too decided. An amelioration of the symptoms was obtained by the first injection, and a still more satisfactory one followed the administration of the second. The second day's use of the remedy arrested the vomiting, except at long intervals, and on the third day both nausea and vomiting ceased entirely. There was no return of the symptoms. Some nourishment was taken and retained, even on the second day. From this time the patient rapidly gained strength, and was delivered of a healthy child. Should other opportunities offer for a trial of this plan of treatment, he has decided to commence with larger doses, being convinced that a decided impression, produced by the medicine at first, will require its repetition but two or three times to put an end to the disease, for the time at least. He believes that hydrochloral, administered in this manner, will relieve most cases of nervous or sympathetic vomiting, where there is no inflammation especially. Even in strangulated hernia, on theoretical grounds, it ought to act well, not only in checking the vomiting, but in producing relaxation. He would give it a trial also in cholera.—*Charleston Med. Jour. and Review*, Jan., 1875.

On the Local Use of Tannin.

Mr. Thomas writes to the *British Med. Jour.*, on concentrated solution of tannin as a styptic. I have used it for some years, as a topical application, in various diseases, though rather as an astringent than a styptic. To prepare it of full strength, an ounce of perfectly fresh tannin must be mixed with six drachms of water, in which it readily dissolves. The solution is a thick fluid, of the color and consistence of treacle, which keeps much better than tannin itself.

Most of the tannic acid found in shops contains a large proportion of gallic acid, and will not yield a very strong solution. But, if an ounce of old tannic acid be mixed with two ounces of water, a tolerably strong solution, which answers for many purposes, may be decanted off after subsidence.

The strong solution of tannin is a most powerful astringent, almost free from irritating properties. It is one of the best

dressings for wounds, far superior to collodion, and even less irritating than the styptic colloid, which it somewhat resembles. If applied by a brush and allowed to dry, it soon forms a pellicle which excludes the air, and gives ease to pain. It may be applied to almost any form of ulcer, and to wounds after amputations or other operations, especially when not very deep. It answers well, for instance, after the operation for hare-lip, painted over the pins and threads, in the same way as collodion is sometimes used.

In a female, aged twenty-six, the hair was caught between rollers and the whole scalp removed to within an inch of the left eyebrow, and two inches from the right, round on a level with the tips of the ears to about the external occipital protuberance, the periosteum being extensively removed at the vertex. There was much suppuration, followed by erysipelas. After three months, exfoliation of bone occurred, and skin-grafting was performed, first with eleven grafts, and, six weeks subsequently, with twenty-one. After varied treatment, antiseptic and other, little progress was made, till, nine months after the accident, strong tannin solution was applied. Discharge and fœtor diminished at once, and the healing process went on more quickly than before. Tenderness diminished, and the general health improved rapidly for the first time since the accident. The wound, eighteen months after the accident, was about half its original size, and the discharge trifling. The patient does household work, wears only a thin cap, and is little worse for the accident, generally or locally.

Strong tannin solution applied to the ulcerated skin of ingrowing toe-nail at once removes pain. After one application, the offending corner of the nail may be readily raised, a little lint inserted underneath, and the nail allowed to grow up. Among many cases, I have in this way cured one in which evulsion, twice performed, had proved only a temporary remedy, the disease being reproduced each time the nail grew up. For cracked nipples, this solution, diluted with an equal quantity of water, is the best application, and corresponds to the tannin solution commonly used for this purpose.

Enlarged tonsils may be reduced by daily brushing with this solution. This treatment, though vastly inferior to extirpation, or even to the application of *potassa cum calce*, is painless, and therefore, in some cases, useful.

Bleeding warts may be readily removed by this application, as also by the perchloride of iron. I have found the former to

readily reduce the granulations from an unhealed umbilicus in an infant.—*Med. and Surg. Reporter*, Dec., 1874.

New Researches on Diabetes.

We learn that Dr. Pavy has obtained some experimental results which are likely to throw a new light on the subject of diabetes. He has found that the injection of defibrinated arterial blood into the portal system occasions a saccharine state of the urine. In one experiment, the urine after the operation contained fifteen grains of sugar to the fluid ounce, and in others the quantity has amounted to nearly the same. In the counterpart experiment of injecting defibrinated venous blood into the portal system, the urine showed no signs of the presence of sugar. It thus appears that oxygenated blood passing to the liver causes an escape of sugar from the organ, and thence an accumulation in the system and discharge with the urine. It also appears that through the medium of the respiration of oxygen he has succeeded in inducing a sufficiently oxygenated state of the blood to similarly give rise to the production of saccharine urine. He has further found that through the agency of the inhalation of puff-ball smoke an immediate and strongly diabetic state may be induced, and that the effect is accompanied with such a modification of the circulation that the blood flows through the vessels, as in the case after section of the sympathetic, without becoming dearterialized. His experiments, he considers, suggest that in diabetes of the human subject, the blood, in consequence of vaso-muscular paralysis, is allowed to reach the portal vein in an imperfectly dearterialized condition, and thus determines the escape of sugar from the liver. We understand his results are to be brought forward at the Royal Society as soon as its meetings commence.—*Cincinnati Lancet and Observer*, Feb., 1875.

Cold Powder.

We have long been in the habit of using what we call a *cold powder*, which we have found of great value in breaking up colds when taken in time, and in modifying their force when taken late.

The prescription is as follows:

Camphor, five parts. Dissolve in ether to the consistence of cream. Then add carbonate of ammonia, four parts; opium powder, one part.

Mix and keep in a tightly corked bottle. The dose is of course regulated by the opium, and ranges between three and ten or fifteen

grains. We have been accustomed to prescribe it for our friends by the finger-nail full, or as much as one can put on the finger-nail.

This powder may be taken in a little water just before retiring, by preference, or at any hour of the day, whenever there is a *suspicion of having caught cold*. If need be, a moderate dose may be taken several days in succession.

The advantages of this powder are very great:

1. The taste is agreeable, or, at least, is not disagreeable. Even the bitterness of the opium is mostly neutralized by the camphor and ammonia. No child objects to this powder.

2. It is singularly and inexplicably efficacious. We believe it to be more efficient than Dover's powder, and incomparably more agreeable. In some cases it produces a gentle perspiration; in others, this special effect is not observed. It is so easy to take, and so harmless in small doses, that it is well and safe to take it whenever we become badly chilled.—*Atlanta Med. and Surg. Jour.*, Jan., 1875.

Bromide of Ammonium in Menorrhagia.

Dr. J. K. Black, of Newark, Ohio, has had excellent results from the use of this remedy in excessive menstrual flow. He says: "In the administration of the remedy, an essential rule is, that its use shall precede the expected period by at least ten days. Its administration only during the crisis will do very little, if any good. The sedative influence of the remedy must precede and accompany the stage of ovarian and uterine vascular engorgement, which itself preceded the flow by several days.

"Some writers have spoken quite favorably of the remedy in dysmenorrhœa and menorrhagia, administered in the usual manner, that is, during the crisis only. Having been frequently called to see cases of these disorders during their progress, I have failed to observe any very satisfactory evidence of its controlling power while administered only during the emergency. But when administered according to the above directions, it has not only, almost without exception, lessened a regular monthly excess, but it has, in appropriate cases, in quite a number of instances which I can recall to memory, changed a two-week into a four-week crisis."—*New Remedies*, Jan., 1875.

Hydrastin in Gonorrhœa.

"As far as internal treatment is concerned, I merely give in the first stage a saline aperient to be continued three times daily for

four or five days, together with the following injection: hydrastin, one drachm; solution of morphia (Magendie's), two drachms; acacia mucilage to four ounces: to be used three times daily. This I have employed when inflammation ran very high, without even the slightest ill effects, and have used it in every stage of gonorrhœa with the most beneficial results when every other treatment, both internally and locally had failed, including red sandal-wood oil. But there is one remark I wish to make regarding the use of injections which medical men generally forget, and that is to tell their patients to micturate previous to its use. Unless this is done, injections in gonorrhœa are useless. Hydrastin is used very much in different parts of the United States, and very successfully. My last patient was a farmer, who had had a gleety discharge for seven months. His medical man had quite wearied him out with injections, etc., all to no purpose. I at once tried the hydrastin, and in two weeks he was quite well."—*New Remedies*, Jan., 1875.

Phosphorus in Neuralgia.

Dr. Bradley (*London Lancet*) writes:—"The remedy which had worked so speedy, and as it proved in the sequel, so permanent a cure, consisted of the so-called mother tincture of phosphorus, of which he was ordered to take five drops on the advent of an attack, and repeat them as occasion required.

"This tincture of phosphorus is a solution of phosphorus in ether, which dissolves about one per cent., so that each dose contained about one-twentieth of a grain of phosphorus—scarcely homœopathic according to old-fashioned notions; *mais cela va sans dire*.

"Not only was the pain relieved, but the frequency of the attacks was lessened, until from suffering a seizure two or three times a week, as he had for some years, he has now been entirely free for more than four months.

"Since the occurrence of this case, I have frequently employed this preparation of phosphorus, and have often found it of signal service in curing neuralgia: especially, it has appeared to me, in those subjects who add to a highly nervous temperament some cause of nervous waste; so that I have considered it probable that the neuralgia has, indeed, in these cases been, as Romberg styled it, "the cry of the hungry nerve for blood," or, rather, for its own special pabulum in the blood, and that the phosphorus has directly supplied this want.—*New Remedies*, January, 1875.

No Antagonism between Morphia and Atropia.

Dr. Froehlick experimented with these poisons on rabbits and frogs. He found that while rabbits die after thirty minutes from a deadly dose of atropia, they will die after seventeen minutes if the smallest deadly doses of atropia and morphia are given combined. Only the morphia cramps seemed to be pacified by the atropia. The doctor confirmed what Rossbach already stated, that the terminations of the vagus are by small doses of atropia not paralyzed, but stimulated, by which diastolic cessation of heart movement may be caused. Upon this stimulating state may follow a paralytic one. A pupil dilated by atropia will not be contracted by morphia; but a pupil contracted by morphia will always be dilated by atropia. Similar results, as above mentioned, were obtained by John Harley, who stated that mutual succor in the action of both alkaloids, given at the same time, may be noticed. —*New Remedies*, Jan. 1875.

Poisoning by the Root of *Phytolacca Decandra*.

Three children, aged respectively nine, six and four years, were recently poisoned accidentally at Corinth, Miss., by eating poke root. They ate the root at 11.30 A. M., at 12 M. took a hearty dinner, and in an hour commenced purging and vomiting. At 4.30, when first seen by the physician, the purging had ceased, but vomiting continued at intervals of twenty or thirty minutes; the pupils were widely dilated; the pulse rapid and very feeble; inspiration short and sighing. When roused from their narcotism, they complained of intense epigastric pain, great thirst, and chilliness. The treatment consisted of hot baths, sinapisms, and frequent small doses of brandy. The patients all recovered, although vomiting continued through the night, and they complained of vertigo and epigastric tenderness a day or two longer. —*New Remedies*, Jan., 1875.

Removal of Foreign Bodies from the Ear.

Let the surgeon take six inches, or as much as he pleases—it is always handy and plenty of it—of horse hair, double it into a loop; then having the patient placed on his side, pass the loop into the ear as far as it will go; turn it gently, and at first or second withdrawal the foreign body will come out in the loop. It gives no pain, and cannot do damage. —*Atlantu Med. and Surg. Jour.* Jan., 1875.

Stramonium in Hydrophobia.

Chinese medical specialists are reported to cure hydrophobia by means of poisonous doses of stramonium. If given in sufficient quantity, the efficacy of this drug in cutting short the disease is undoubted.—*New Remedies*, January, 1875.

Antidote to Phenic Acid Poisoning.

As this acid poisons by its direct effect, Mr. Haussman has found that the use of alkaline earths constitutes the best antidote. He found those containing lime the best, and proposed the use of saccharate of lime as the best remedy, prepared by dissolving sixteen parts of sugar in forty of distilled water; add five parts of caustic lime, digest for three days with frequent agitation, then filter and dry. The product is saccharate of lime, which dissolves easily in water, with which it may be administered.—*New Remedies*, January, 1875.

Whooping Cough.

Dr. Wilde claims that he can cure every case of whooping cough within eight days, by the following mode of treatment:

The patient should be kept in-door, to avoid exposure to cold. Then at the commencement of every paroxysm, a teaspoonful of the following mixture:

R Chloroformi f ʒ i.
 Æther. Sulphur f ʒ ij.
 Ol. Terebinth f ʒ iij.

M. Is poured on a cloth and held about two inches from the mouth of the patient until the paroxysm subsides.—*Atlanta Med. and Surg. Jour.*, Jan., 1875.

Bromide of Potassium as a Caustic.

M. Peyraud (*Bordeaux Medical Bull. de Therap.*, Juillet 15), having previously established that the bromide of potassium possesses the property of arresting local circulation, and that a concentrated solution of the salt, subcutaneously injected, produces eschars, reports a case of an extensive bleeding and vegetating canceroid of the face, which he treated by daily applications of the salt, finely powdered, over the mass. In twenty-eight days the projection formed by the disease had disappeared, leaving, however, its base of implantation in the deep tissue. It is stated that these applications have the great advantage of being painless. Peyraud thinks that the bromide acts by arresting the circulation in the

capillary vessels rather than by destroying the tissues mechanically, like caustics. It is suggested that this salt may be useful in checking fleshy growths, etc. In morbid growths, in which the skin is not ulcerated, a concentrated solution may be injected into their substance, or the integument may be previously destroyed.—*New Remedies*, Jan., 1875.

Strychnia as an Anti-Emetic.

Dr. Thomas E. Dupuis reports in *The Canada Lancet*, a case of obstinate vomiting in a delicate female, which was absolutely uncontrollable, and continued until the most extreme prostration had occurred. After nearly all other remedies had been tried unsuccessfully, the following solution was given in drachm doses every two hours: \mathcal{R} Liqueur strychniæ, M xx; aquæ, \mathcal{Z} iv. The effect was very sudden and decided; the vomiting stopped entirely within a few hours, and the patient soon recovered.—*New Remedies*, January, 1875.

Editorial.

Elixir Iodo-Bromide of Calcium Compound.

South Berlin, N. Y., Jan. 1875.

Cutaneous Eruption.

In November 1874, I became subject to a most troublesome cutaneous eruption—extending over my back and shoulders. The surface was very much inflamed—and covered with small blisters, that itched and burned beyond endurance. The first physician whom I consulted, pronounced it erysipelas, and I was under his treatment for six weeks without benefit. I then called in another who pronounced it salt rheum, and prescribed accordingly—with similar results. After several weeks, I sought the advice of a third, and he called it something else—I forget what—but his treatment was as unsatisfactory as that of his predecessors, and I lost my faith in doctors.

Hearing of the wonderful effects of your Elixir of Iodo-Bromide of Calcium Comp., in skin diseases, I determined to try it—at Dr. Hull's advice—and I am happy to say that it has succeeded in my case admirably. After ten days use, according to directions—all traces of inflammation had disappeared, with the exception of a few scars, my back showed no evidence of its former condition. My general health, appetite, &c., are very much improved and in a word, I feel like another man. I cannot refrain from expressing to you my gratitude—and appreciation of your invaluable medicine.

Yours respectfully,

PHILO HULL.

Extract from Letter of Dr. Hull.

Berlin, Feb. 5, 1875.

Messrs. TILDEN & Co.:

"I have read Mr. Hull's letter—his case was cured by the use of one bottle of Elixir and one-fourth bottle of Solution. I was at his house yesterday, and he feels very grateful indeed, his skin is smooth and entirely free from any roughness or eruption."

Berlin, Feb. 5, 1875.

Syphilitic Sore Throat.

It is with pleasure that I transmit to you the result of a few cases occurring in my practice, that were treated with your Elixir Iodo-Bromide Calcium Comp.

The first case in which I commenced using the Elixir, was that of Syphilitic Sore Throat, existing in the person of a young married woman, aged 28 or 29, which was the fruit of her husband's indiscretion, she being a woman of good character. I was called to treat this case early in the winter of 1878 and 4, and upon examination, found the velum pendulum palati entirely eaten away, and two very offensive smelling ulcers eating into the bone, forming the posterior point of the palatine arch. They had already progressed so far that three or four pieces of bone had become detached and had been spit out of the mouth, previous to my seeing her case. I at once cauterized these sores, and commenced giving her the remedies usually given in such cases. Such alteratives as Proto-Iodide of Mercury, Iodide of Gold, Corrosive Sublimata, &c., besides a number of vegetable alteratives also, but with all my best endeavors, the disease seemed to assume a phagadenic form, and advance with frightful rapidity, and it became necessary to use the caustics daily, and even this seemed to amount to very little. After treating the case for several months, all to very little purpose, I commenced using the Elixir Iodo-Bromide Calcium Compound, in teaspoonful doses, and at the same time wetting the sores with the Solution, diluted one part to four of water, and I made use of the Bromo-Chloralum, diluted, as a disinfectant occasionally. After pursuing this treatment for three or four weeks, during which time the dose of Elixir had been increased to two teaspoonfuls, there was an abatement of the disease plainly visible. I now take new courage, and so did the patient, for as she expressed it, her throat felt so much better, and I was certain that it looked considerably better, and at the expiration of two months there was decided improvement still. She has taken the Elixir and used the Solution ever since, which is about ten months, and all that remains of the once phagadenic action that was fast destroying the throat, is simply the cicatrices, the ulcers having entirely healed over, and the Elixir and Solution with the occasional use of caustic has been all that has been used. I saw the throat to-day, Feb. 5th, and should hardly recognize it as the throat I commenced treating with the Elixir Iodo-Bromide Calcium Comp., a little less than one year ago. She is still using the Elixir.

The next case in which I used the Elixir, was a case of chronic rheumatism, in a widow woman, aged about 58. I commenced treating her in the fall. The case was a bad one. At the time of beginning treatment, she was confined to the bed and was entirely helpless, suffering great pain in the larger joints, which required a heavy opiate, in order to give her any kind of ease or repose. She had the treatment usually given in such cases. I made use of five or six different kinds of rubefacients, at various times, producing very little if any alleviation, and the warm bath was used with equally fruitless results. There was metastasis from joint to joint, and the case was indeed discouraging to both practitioner and patient; it was only by the use of opiates, which the patient earnestly begged for, that any ease could be procured. It was under these discouraging circumstances that I commenced using the Solution Iodo-Bromide Calcium Comp., one part to two of diluted alcohol, and kept the parts pretty well wet with this, and within two days there was less pain. I continued this treatment and she continued to improve, and within ten days there was decided improvement to be seen. I then began to give the Elixir internally, and the improvement progressed quite rapidly, and within three weeks time, she was able to be up and dressed, and walked around the room. Under this treatment she continued to improve steadily, and within two months, she was able to sew nearly all day with her needle, and at the present writing, she has not taken any Elixir nor used any Solution for two or three weeks, for as she says, she "does not need it," and considers herself cured.

I have also used the Elixir and Solution in chronic cutaneous diseases, with the best of results, in cases that have resisted the usual modes of treatment, and in scrofulous enlargements and tumors, I have succeeded in curing them entirely. I also consider the Elixir a valuable medicine in many weak and cachectic states, restoring tone and action to the whole system. And upon the whole, I think it will prove itself to be one of the most valuable alteratives ever placed in the hands of the profession.

I am, Gentlemen, yours with esteem,
A. E. HULL, M. D.

Eczema and Goitre.

Extract from letter of W. HORNE, Esq., V. S., Janesville, Rock Co., Wis., Feb. 11, 1875.

"I have been suffering for a long time from Psoriasis, perhaps Eczema, said to be a sequela to Piles. The itching and burning were at times intolerable. I had been treated by five different physicians with more or less indifferent success—any casual improvement being quickly followed by a relapse into my former condition. Hearing incidentally of the beneficial effects of the Iodo-Bromide of Calcium Comp. in similar cases, I resolved to give it a trial. For some days I have taken the Elixir in teaspoonful doses three or four times a day—and used the Solution diluted with twelve parts of water—and already I feel like another man. The eruption has dried up and scaled off; I can sleep comfortably at night, an enjoyment I have long

been a stranger to. I shall continue its use for six months if necessary, though I feel as if a cure had been substantially effected. I can also testify to its good effects in a severe case of Goitre. A lady friend of mine afflicted with this distressing complaint, informs me that the Elixir Iodo-Bromide Calcium Comp., had effected a radical cure in her case when all other means had failed."

Bronchocele.

Letter from E. C. Cox, M. D., Turners Falls, Mass., Dec. 17, 1873.

Thinking you might like to know the result of a case of Bronchocele treated with the Iodo-Bromide of Calcium Comp., I have prepared a brief history of a case treated by myself with the above remedy.

Miss B—, aged nineteen, consulted me April 15, 1873, with a thyroid tumor about the size of a hen's egg; although the general physique was good, I had but little confidence in any kind of treatment, but thought it an excellent opportunity of trying the virtue of Iodo-Bromide Calcium Comp.

I recommended its use after informing her that she would need to continue its use a long time. She consented to try any remedy I might suggest, and commenced at once taking the Elixir with occasional application of the Solution, and continued its use fourteen months, when I was happily disappointed by the entire disappearance of tumor.

Thinking the profession might receive some benefit from its use, I send this communication for publication in your journal if you see fit to insert it.

Scrofulous Diathesis.

Extract from letter of Dr. H. S. HERRICK, Hamilton, Nevada, December 9, 1874.

"I have used the Elixir Iodo-Bromide of Calcium Comp. in my practice for two years past, and find it even more than recommended in all cases of a scrofulous diathesis. Our population being composed largely of miners, and, therefore, changing constantly there are, as always with such people, many cases of venereal disease brought under my treatment. Syphilis predominates, and in its secondary and tertiary stages, I have found the Elixir invaluable. I have also used the Bromo-Chloralum as a wash, as strong as the patient could bear it, and always with the best results."

Ergot "Formula 1874."

Letter from S. W. DAVIS, M. D., Plymouth, N. H., Aug. 6, 1874.

I have used the Fluid Extract Ergot "Formula 1874" in a variety of cases, and *every time* with success. It is the finest thing for an Ergot that I ever saw, and I like it more and more every day. Before using this I had been so often disappointed in the use of Ergot, that it had almost entirely fallen from my list of remedies, but to-day it stands high up towards the top. With a careful selection of good fresh grains, the "Formula of 1874" must excel all other forms of Ergot.

Extract from Letter of J. H. Migrath, M. D.

Brewster's, Putnam Co., N. Y., March, 19th, 1874.

"I have used the disinfectant, Bromo-Chloralum, in a number of cases of uterine and vaginal leucorrhœa, &c., and find it very reliable and efficacious—so much so, that I use it constantly in my practice.

Pneumonia: Its Treatment.

Sanders Store, Carteret Co., N. C., Jan. 30th, '75.

When pneumonia is not aborted in its congestive stage, it must pass, of course, through its two other stages to final resolution. To hasten the disease through these stages to complete resolution with the most comfort to the patient, the following plan of treatment will be found the surest and most expeditious. The bowels should be thoroughly cleansed, in the start, and for this purpose, I prescribe:

R	Calomel	gr. 15.
	Soc. Aloes	" 10.
	Podophyllin	" ½.
	Ext. Nux Vom.	
	Ext. Belladonna aa.	" 1-4th. M.

Take at one dose.

A soft, warm meal-poultice should envelope the diseased lung or lungs, both front and back, best kept in place by putting between the linings of an old vest. It is necessary to change the poultice twice daily, to prevent hardening and souring. No part of the treatment is more essential than the constant use of the poultice. Used in place of oiled-silk.

An anodyne and sudorific composed of

R	Pulv. Opii	gr. 4.
	Ant. et. Pot. Tart.	gr. 1-4th,

M. Div. chart. 4. Dose, 1 four times daily is the third indication.

Four (4) drops V. Viride, given with each dose of the above, combines a plan of treatment for pneumonia, that has never failed in my hands, and invariably proves curative in from six to ten days; treatment suspended then as unnecessary.

I hope your readers will give this plan a fair trial, and report its success in their hands also.

Yours &c.,

J. W. SANDERS.

Correspondents will oblige by writing plainly their names, Town, County and State. We are frequently unable to answer letters because there are omitted.

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[No. 3.

Communications.

ARISTOLOCHIA SERPENTARIA.

Virginia Snakeroot.

BY JOSEPH BATES, M. D.

NATURAL ORDER.—Aristolochiaceæ.

In the Linnean, or sexual system, this plant will be found in class, *Gynandria*, and in order *Hexandria*.

GENERIC CHARACTER.—Calyx, none; corol superior, 1-petaled, ligulate, inflated at the base; capsule 6-celled, many-seeded.

SPECIFIC CHARACTER.—(Flowers purple; blooms in June; root perennial). Leaves heart-form, oblong, acuminate; stem zigzag, ascending; peduncles radical; lip of the corol lanceolate. There is a variety with very long, narrow leaves.

HABITAT.—United States.

MEDICAL PROPERTIES.—Stimulant, tonic, diaphoretic and diuretic. It was formerly regarded as *alexipharmic*, on account of its fancied power of curing the bite of the rattlesnake and of a mad dog. Its alexipharmic property has not been sustained.

ANALYSIS.—Organic Matters 85.833

Inorganic Matters.....14.167

Total.....100.000

Albumen.....	0.674
Gum	1.917
Starch.....	1.657
Sugar.....	2.057
Extractive.	3.241
Coloring Matter.....	3.171
Bitter Principle.....	2.916
Oil	3.833
Resin.....	2.036
Malate of Lime.....	1.874
Nitrate of Potash.....	0.934
Soluble Salts.....	1.968
Insoluble Salts.....	12.685
Lignin.	61.664
Total.....	100.000

HISTORY—*Aristolochia*. Gr. *aristos*, best, and *locheia*, parturition. (A. Eaton.) Dr. Bigelow observes:—"It is probable that this root like many other articles now used in medicine, was indebted to its sensible qualities, for its first introduction into use. As the name implies, its earliest medicinal character was founded on a supposed antidotal power against the bite of venomous serpents. Cornutus, at the end of his book on the plants of Canada, published at Paris, in 1635, tells us, that a root had been sent to him from '*Notha Anglia*' which was called *Serpentaria*, and in the vernacular tongue, *Snagröel*. This root was a very sure safeguard against the bite of a huge serpent in that country, which proved inevitably fatal within twelve hours, unless a good portion of the antidote was swallowed in season; which being done, no one was ever known to be in danger of his life from this cause."

In the *Universal Herbal* there are described twenty-seven species of this genus. The author of the *Herbal*, who wrote fifty years ago, says this agent was then in general use in low malignant fevers, and in epidemic diseases. He mentions that it was given, in doses, in substance from a few grains to a scruple or half a drachm; in decoction or infusion, to a drachm or upwards. Dr. Stille states as follows:—"This root was used by the American aborigines as a cure for snake bites (whence its name), and by the early colonists as a tonic and stimulant. It was introduced by a London apothecary, named Johnson, in 1633. Sydenham alludes to it as a remedy for intermittent fever when infused in white wine, and taken so as to produce sweating before the fit."

PHYSIOLOGICAL EFFECTS.—Pereira's *Materia Medica*, by Wood says:—"In *small doses* serpentaria promotes the appetite. In *large doses* it causes nausea, flatulence, uneasy sensations at the stomach, and frequent but not liquid stools. After its absorption, it increases the frequency and fulness of the pulse, augments the heat of the skin, and promotes secretion and exhalation. Furthermore, it would appear, from the experiments heretofore referred to, that it causes disturbance of the cerebral functions, and produces headache, sense of oppression within the skull, and disturbed sleep. In these properties, serpentaria bears some analogy to, but is much weaker than camphor."

OFFICIAL PREPARATIONS.

Infusion of Serpentaria.—Take of serpentaria, a quarter of an ounce; boiling distilled water, ten fluidounces. Infuse in a covered vessel, for two hours, and strain.

Tincture of Serpentaria.—"Take of serpentaria, bruised, two ounces and a half; proof spirit, one pint. Macerate the serpentaria for forty-eight hours, with fifteen ounces of the spirit, in a close vessel, agitating occasionally; then transfer to a percolator, and when the fluid ceases to pass, pour into the percolator the remaining five ounces of the spirit. As soon as the percolation is completed, subject the contents of the percolator to pressure, filter the product, mix the two liquids, and add sufficient proof spirit to make one pint. The strength of this tincture is increased.

The cochineal of the Edinb. preparation is omitted, and percolation adopted."

Fluid Extract.—"Take of serpentaria, in moderately fine powder, sixteen troy-ounces; diluted alcohol, a sufficient quantity. Moisten the serpentaria with five fluidounces of diluted alcohol, introduce it into a conical percolator, press it firmly and gradually pour upon it diluted alcohol until twelve fluidounces of tincture have passed. Set this aside, and continue the percolation until two pints and a half more of tincture have been obtained. Evaporate this at a temperature not exceeding 150°, until it is reduced to four fluidounces, mix it with the reserved tincture, and filter through paper." A fluidounce of this preparation represents a troy ounce of the root. Dose, f. 3 ss. (W.) Dr. Bigelow remarks:—"Dr. Chapman concludes his remarks on this article, by stating, that it is admirably suited to check vomitings, and to tranquillize the stomach, more particularly in bilious cases. It is given for this purpose in

decoction, in the small dose of half an ounce or less at a time, and frequently repeated."

Dr. Bigelow adds:—"The most common form of exhibiting snakeroot is in infusion, for which purpose half an ounce may be steeped in a pint of boiling water for two hours, in a covered vessel. Of this infusion an ounce or two may be taken every three or four hours. Decoction is a less proper mode of preparing this plant, as it tends to dissipate the volatile parts, a portion of which is detained in a state of mixture by the infusion. Sometimes the powder is given in doses of from ten to thirty grains." Dr. B., closes his remarks upon this agent as follows:—"A tincture of snakeroot is made by digesting an ounce of the root in a pound or somewhat less of proof spirit. The compound tincture of bark, commonly called Huxham's tincture, contains serpentaria as one of its ingredients. Water and alcohol extract its virtues. The infusion is said to affect the brain most, while the powder is thought to act more efficiently on the intestinal canal.

THERAPEUTICAL EMPLOYMENT.

Fever.—Dr. Bigelow observes that serpentaria has been abundantly used in fevers of various descriptions, and has been commended by a host of medical writers. He thinks that it has been injudiciously employed in many cases, in fever attended with an active pulse and inflammatory diathesis. He adds:—"The early stages, also, of febrile diseases rarely admit the exhibition of so decided a stimulant, without injury. But in the advanced stages of fever and those attended with typhoidal symptoms, this medicine is resorted to with great advantage, both alone and in combination with other tonics and stimulants. It is peculiarly useful in supporting the strength, and allaying the irregular actions which attend great febrile debility, such as subsultus tendinum, delirium, watchfulness, &c."

Intermittent Fevers.—Sydenham advised the use of serpentaria in intermittent fevers in \mathfrak{Dj} . doses. It is peculiarly useful as an auxiliary to quinine, in the treatment of this malady. Its effects are said to be increased by combining it with camphor.

Dyspepsia.—In dyspepsia, when the skin is hot and dry, serpentaria has been found an excellent remedy. (A. T. Thompson). A frequent complaint in this affection arises from acidity of the stomach, and the patient complains of heartburn; in these cases, relief is often speedily afforded by taking a full dose of the fluid extract, or tincture of serpentaria, in conjunction with bismuth, or magnesia.

Cynanche Maligna.—A strong infusion of this plant is highly spoken of as a very serviceable gargle in *cynanche maligna*. The inhalation of the vapor of hot water will afford, in most instances, even in the acute stages, a remarkable amount of relief. It may be frequently repeated. (Waring.)

In some cases, signal relief is found from the inhalation of the vapor of a decoction of this plant. It may be used internally, in small doses, to advantage in this disease. The effects of *serpentaria*, when administered in small doses, continue during eight or twelve hours; in larger doses during eighteen to twenty-four hours. On this account, Jörg concludes that it should not be repeated more than twice in twenty-four hours; while a single dose a day is sometimes sufficient. The medium dose for an adult, he says, is one dram of the root, either in powder or infusion. The late Dr. C. A. Lee, regarded this plant as a reliable and valuable remedy in the treatment of malignant sore-throat. Dr. Lee adds:—"No one, however, can suppose that it possesses any special, specific, curative powers. In very serious cases of disease it is rather to be employed as an adjuvant than the sole or principal remedy; as a gargle in malignant sore-throat, with sumach berries, it has proved of great utility."

Erysipelas.—Some writers speak very favorably of the use of this agent in the treatment of *erysipelas*. The Tincture of the Perchloride of Iron may be alternated with *serpentaria* in this disease to advantage. Mr. Bell, * of Edinburgh states, as quoted by Waring, that for five and twenty years he has constantly employed the tincture, internally, with the best effects. After the administration of a brisk purgative, he advises, if the disease be mild, to give fifteen minims of the tincture every two hours, until the disease is completely removed. When the attack threatens to be more severe, the dose is increased to twenty-five minims every two hours, and persevered in night and day, however high the fever and delirium. The only local applications employed are hair-powder and cotton wadding. The bowels throughout the whole treatment, should be carefully regulated. The diet should be generous. Mr. Bell says, relative to his treatment, in no instance did it fail to afford relief, and the patient has generally been left in a more robust state of health than he was previously. He relates seven cases in which the remedy was productive of unequivocal benefit.

* Monthly Journ. of Med. Sciences, June, 1851.

Urticaria.—Waring remarks:—"In *Urticaria*, serpentaria has obtained some repute; it may be combined with \mathfrak{Oj} . of the Carbonate of Magnesia or Soda (Dr. Watson). Mr. Erasmus Wilson * mentions one case in which it proved completely successful." This remedy may be alternated, in this affection, successfully with Corrosive Sublimate, Borax, or Arsenic. Serpentaria will be found valuable in many other cutaneous diseases, especially when used in conjunction with the tincture of Benzoin, or Corrosive Sublimate. Waring, when speaking of the therapeutical employment of Corrosive Sublimate, states:—"In *obstinate Scabies*, a solution of this salt (gr. xx-gr. xxx. ad. Aq. \mathfrak{Oj} .) is an application which rarely fails to effect a speedy cure." Then follows this interesting statement, which is not altogether in harmony with the teachings of some of our Medical Colleges, or with the views of some of our learned authors. "The fear of its becoming absorbed into the system, and producing constitutional effect, is groundless. The same lotion (he adds) is the best which can be employed to destroy pediculi, commonly called *Crab-lice*."

Typhoid Pneumonia.—In this disease, serpentaria has long been employed with beneficial results.

Doct. Lee in his writings remarks:—"In typhus and typhoid pneumonia it has been of beneficial effects, promoting perspiration, checking mortification, abating the symptoms. It is probably a good substitute for camphor and valerian in many cases." In this disease, veratrum viride, or aconite will be found highly beneficial in conjunction with serpentaria. In the Southern States this drug was, formerly, extensively employed as a popular remedy by the negroes in the low stages of pneumonia, to which they are particularly liable, though its efficacy is greatly increased by the addition of camphor.

Rheumatism.—Some advocate the use of this agent in rheumatism. It will be found quite reliable, administered in combination with *cimicifuga racemosa*. Waring makes the statement, that this last-mentioned drug appears to be a remedy of great power in both acute and chronic rheumatism. As stated by W.; its claims have been advocated by Drs. Johnson and Davis, † who state that they have no more doubt of the efficacy of *Actea* (*Cimicifuga*) in the early stage of acute rheumatism than they have of the power of vaccination as a preventive of small-pox. Dr. Davis advises in

* On Diseases of the Skin, p. 158.

† Trans. of Amer. Med. Association, I, p. 352.

these cases grs. xx of the powder, or gutt. xxx-lx of the tincture every two hours till its effects are observable.

Gout.—*Serpentaria* has been advocated as a valuable remedy in the treatment of gout.

Amenorrhœa.—Dr. Lee, in his remarks on this subject observes:—"As an emmenagogue, *serpentaria* has long enjoyed considerable reputation. In this respect it may be ranked with the *senega*: the warm infusion given at bed-time, after the use of the hot pediluvium, or hip-bath, will often restore the menstrual flow."

On the whole, Dr. L. states that he would say, with Christison, that though its virtues generally have been exaggerated by some, it deserves more attention than it has yet received as a tonic diaphoretic."

PREPARATIONS.

Fluid Extract.....Dose, $\frac{1}{4}$ to $\frac{1}{2}$ Dram.

TINCTURE OF SNAKEROOT.

Fluid Extract.....Three Ounces.

Alcohol, fifty per cent.....Thirteen Ounces.

Dose, one to two drams.

INFUSION OF SNAKEROOT.

Fluid Extract.....Half Ounce.

Water.....Fifteen and a Half Ounces.

Dose, one to two ounces, in low forms of fever.

SYRUP OF SNAKEROOT.

Fluid Extract.....Two Ounces.

SyrupFourteen Ounces.

Dose, one to four drams.

COMPOUND TINCTURE OF SNAKEROOT.

Fluid Extract of Snakeroot.....Half Ounce.

" " Ipecac..... " "

" " Saffron..... " "

" " Ladies' Slipper..... " "

Camphor..... " "

Alcohol fifty per cent.....One and a Half Pints.

Dose, One to one and a half drams.

ON THE TREATMENT OF DIPHTHERIA.

[CONTINUED FROM FEBRUARY NUMBER.]

"Lastly, it was quite early thought possible to obtain by *astringents*, especially in the form of gargles, 'an increase of the organic cohesion of the mucosa,' and thereby to antagonize the

threatened loosening and dissolving of the tissue. Without considering the theoretical notion lying at the foundation of this treatment, no diminution of the exudation on the inflamed mucous membranes could be obtained by ever so energetic an employment of these means; but, on the contrary, through the irritation caused by these articles, an increase of the inflammation would be occasioned and kept up. Just the same conditions obtain here as in exudative inflammations in other mucous membranes; if an energetic treatment with astringents is employed in the acute stage, we have as a result an increase of the diseased process. But even supposing it possible to obtain a diminution of the fibrinous exudation by such means, still nothing would be gained in this way toward the cure of the processes of inflammation and decomposition in the mucous membranes. Neither does it affect the detachment of the pseudo-membranes and destruction of the masses of micrococcus, since these, unless nature interposes a boundary by the formation of pus, may continue to grow unmolested within the tissues; nor is a stop thereby put to the decomposition of pathological products and the possible formation of injurious substances in the mouth and throat. Finally, as concerns the statistics of the empirical results, they do not testify in favor of the curative action of these remedies, since the astringents have proved themselves completely useless in every important case; and in the great number of cases which run an easy course, and are confined to a local manifestation, the favorable results are capable of an entirely different explanation.

"In contrast to these various methods of limiting the further progress of diphtheria by antiphlogistic, caustic, astringent, and similar means, the intent of which is to combat the inflammatory reaction of the mucous membrane caused by the fungi, is the effort which has been made to excite energetically a rapid and abundant production of pus. I endeavored to solve this problem by the employment of moist warmth, in the form of hot vapor, by means of which a temperature of from 113° to 122° F. was kept up for a considerable time in the mouth of the patient, and I could at once determine the appearances of reaction due to the attempt; viz.: an abundant suppuration, causing demarcation.

"The first appearances which are observed as a result of the operation of hot vapor are always constant, and distinctly noticeable as early as at the end of from twelve to eighteen hours, during which the inhalation has been practiced hourly or half-

hourly for a quarter of an hour at a time; but these effects will be developed more slowly if a considerable fibrinous exudation, with partial decomposition of the pseudo-membranes, has already taken place, and the capacity for reaction of the tissues is almost extinguished; or they will not be induced at all where the process has already run into septicæmia. The margins of the diphtheritic deposits, which generally pass imperceptibly into the surrounding tissues, become more sharply defined, and contrast strikingly with the intensely-reddened mucous membrane. The membranes therefore at the first glance seem enlarged. In some places too it will appear as if new membranes had formed where before there had been none. This is due to the fact that they had previously escaped notice from their small size, and from the presence of mucus, which concealed their outlines. Thus it will appear as if the disease had increased in intensity. The operation of the hot vapor, however, has been to induce a considerable excretion of pus-corporuscles, and these have infiltrated the epithelium, or its delicate network, which was already infected and grown full of micrococci. Under longer continued operation of the hot steam soon no further enlargement of the patches will be noticed. The pseudo-membranes become gradually thicker, and are raised up from the membrane; their whitish-gray color becomes more yellowish or of a dirty gray, and their surfaces wrinkled and uneven, while the redness of the adjacent mucous membrane also fades and the swelling disappears. After some days we obtain with the necessary amount of suppuration a complete detachment of the pseudo-membranes, and they are expectorated by the patient, either whole or in single, scarcely noticeable fragments, or are possibly in part swallowed. The thickness of such members, as a rule, never amounts to less than two mm.

"In the application of the hot vapor an ordinary broad pot, with boiling water or infusion of mallows, can be used, from which the vapor as it forms is conducted through a suitable funnel, as hot and abundant as possible, into the mouth of the patient; or, if we prefer it, we may use an apparatus which is expressly made for such purposes. This apparatus, which I have used for several years, wonderfully facilitates the employment of hot vapor, especially with children. The wide conducting-tube is simply placed in front of the open mouth, or is allowed to be taken into the mouth itself, and a uniform development and introduction of the hot vapor is thus secured. With this apparatus we can at the

same time accomplish a thorough cleansing of the cavity of the mouth and throat from mucus and the fluids of the mouth, by employing a fluid which dissolves the mucus, but which at the same time acts indifferently on the organism. Such a fluid, steadily flowing over the mucous membrane, washes away masses of mucus, remnants of food, and other products of decomposition. We can also use suitable weak solutions of chloride of sodium, or chlorate of potash or other alkalies; only we must avoid strong disinfecting substances, such as carbolic acid or permanganate of potash, because after long-continued inhalation more or less of these substances is always carried into the bronchi, and may produce symptoms of irritation.

"Solutions of common salt or chlorate of potash, if this latter be preferred, of the strength of from ten to fifteen grains to the ounce, produce no injurious effect upon the organism; that is, they act perfectly indifferently when so used; and a long series of forced experiments, such as are not usually carried out in practice, never resulted in an affection of the bronchi or of the lungs. How long these operations should last, and how often they should be repeated, must be determined by the degree of the affection; and it should not be forgotten that the shorter we make the sittings and the longer the intervals, so much the more slow and uncertain we find the reaction, while the disease thereby gains in intensity and extent. If therefore we aim at producing a rapid and free suppuration, the inhalations must be practiced as often and as long as possible, in quarter-hour sittings every half hour, and on the first and second day three or at the utmost four hours of sleep must suffice for the patient, while nourishment must be supplied in small portions in the intervals between the separate sittings. Later on, when the pseudo-membranes have been partially cast off, as well as in certain lighter cases, hourly sittings of about a quarter of an hour's duration suffice, and a longer time, six or eight hours, can be allowed for the night's rest of the patient. Even when a complete separation of the membranes has taken place, so long as a secretion of pus is still perceived at the diseased places on the surface of the mucous membrane, occasional inhalations should still be practiced every two or three hours, and these are also finally to be suspended after the cleansing of the mouth and throat is complete. By employing the atomizing apparatus a cleansing of the mouth and throat can also be combined with the inhalations. If a simpler mechanism is em-

ployed, these cavities will have to be kept clear of the accumulated masses by industrious washing and syringing. Disinfection and destruction of the micrococcus growths, of the products of infection and decomposition, will not, of course, be attained thereby.

“Prevention of Septic Disease and General Systemic Poisoning.—We possess no method of completely disinfecting the diseased organs. It follows from our investigations into the treatment of the local inflammation that it is impossible to annihilate the diphtheritic contagious material completely by mechanical removal of the deposits from the mouth and throat, or by destruction of them with caustics. Another way in which the objections inherent in these methods may be overcome is one which has long been a favorite in therapeutics; viz., to destroy, by industrious gargling and rinsing of the diseased cavities, the septic ferments and the substances which have entered upon decomposition and are acting as poisons. A glance at the history of diphtheria and its treatment shows that attempts of this kind have at no time been wanting. The most usual remedies for counteracting, as far as may be, the fungous growths and the progressive decomposition, and for limiting their entrance into the tissues and their absorption, are pre-eminently spirits of wine and diluted chlorine-water, in the proportion of one to three; in the next place, solutions of carbolic acid or permanganate of potash, one or two grains to the ounce; besides these medicaments, solutions of hypochlorite of soda, forty grains to the ounce, and of hyposulphite of soda, twenty-two grains to the ounce, and the crude flowers of sulphur, are also esteemed for the same object.

“The most suitable remedies then to meet the indication of opposing septic infection and general poisoning of the system successfully are, on the basis of experimental investigation, alcohol, freshly-prepared and properly-diluted chlorine-water (containing fifteen to thirty per cent of chlorine-water), solutions of permanganate of potash, one and a half to two and a half grains to the ounce, and of carbolic acid, two and a half grains to the ounce, or where this can not be borne, a like solution of oil of thyme in equal parts of spirits of wine and water. Since these substances, on account of their concentration, are not suited for inhalations, in which a certain portion is always liable to reach the lungs and occasion symptoms of irritation, they will most judiciously be used as gargles. With these the patient has to rinse his mouth once or twice at least every hour, or where this is not easily possible, as in

the case of small children, we must seek to cleanse the mouth and throat by the use of the syringe.

"But rational and promising as this antiseptic and disinfecting method appears, still we must never lose sight of two points; viz.: that by these means no limits are set to the *inflammation* and *exudation* on the mucous membranes; on the contrary, possibly even an increase of these may be induced; then, in the second place, that, owing to the fact that these *fluids only occasionally bathe the mouth and throat, a complete destruction* of the masses of micrococcus *can not be effected*; for they grow not only in the thick, brawn-like deposits, but they may have already gained entrance into the tissues of the mucous membrane and into the serous canaliculi and lymphatic vessels. We can not then procure a complete destruction of these parasites by any one of the gargles which have hitherto been available, unless we are willing at the same time to cauterize destructively both the healthy and diseased mucous membrane, with all the results already detailed.

"Empirical knowledge, gained by practice in the treatment of diphtheria with antiseptic gargles for years past, quite agrees with these results, and the various specific remedies of this kind have in no way stood the test of experience.

"There is a possibility that the organism may limit and even prevent septic disease and a general infection through the *capacity for reaction which belongs to the affected tissues*. This is also the way in which nature herself effects a cure. I have repeatedly called attention to these facts, which I have observed during several years past, and Professor Eberth, in Zürich, has expressed a similar opinion in regard to the healing of diphtheritic wounds.

"In the case of the mucous membrane deprived of its epithelium, and covered with fungous growths and inflammatory exudation, if a due reaction sets in, and the cell-formation is active, as in a diphtheritic wound, the micrococci are washed away with the pus; or in case a thick layer of fungus has already been formed, this will be removed by a suppurative process of demarcation. Inversely, in case of slight reaction of the tissue, with rapid increase of the parasites, the suppuration which ultimately sets in will no longer suffice to check the further advance of the fungi and septic materials; that is, to prevent the local and general infection. Finally, certain individual differences in the capacity of reaction of the tissues are also severally liable to favor or retard these processes; and this very difference, to which we would call

special attention, must also take a part in those cases in which the fungus can not be regarded as the only cause of suppuration.

"To set up a rapid and abundant suppuration will then form one of the first indications of our present task, and with this we should always combine the use of antiseptic gargles, to secure the utmost possible cleansing and disinfection of the cavities involved. By the energetic use of hot vapor this demand will be met agreeably to nature, at the same time that the separation of the pseudo-membranes is hastened by it; the micrococci are partly taken up by the rapidly-forming pus-corpuscles, and partly washed away by them, and an impermeable layer is opposed to the septic masses, until finally the false membranous layer becomes completely detached from the rapidly regenerating tissue of the mucous membrane. According to the individual peculiarity in capacity of reaction will this separation occur more or less rapidly; and it will depend upon the height the disease has already reached whether the septic affection and general poisoning can be prevented, and how far this can be done.

"The mode, in which the hot vapor is to be employed to meet this indication will be the same as that which was found suitable in combating the local inflammation. The number and duration of the separate inhalations will be arranged in accordance with the intensity and extent of the local process, since the elimination of the fungi and septic materials follows at once upon the casting off of the membranes. The longer the disease has already lasted, the greater the extent of the exudation and the more rapid its decomposition, so much the more energetically must the use of the vapor be pushed, the highest possible temperature being used, and the quarter-hour sittings following each other at intervals of half an hour. At the same time the mouth and throat must be carefully gargled or syringed out *every hour* with diluted alcohol or solutions of carbolic acid and permanganate of potash, two and a half grains to the ounce.

"Now, although the principles of the local treatment of diphtheria, as determined by pathological and physiological considerations, also generally serve as our guide in the affections of adjacent organs, still certain modifications must enter into this treatment if the diphtheritic process has occasioned a pseudo-membranous exudation on the mucous membrane of the nasal cavity, the larynx, the trachea, and the bronchi."—*American Practitioner*, January, 1875.

ALCOHOL AS A THERAPEUTIC AGENT.

BY H. A. NEWPHER, M. D.

(CONTINUED FROM FEBRUARY NUMBER.)

In conducting their experiments, Dr. Anstie found in the first place that the chromic-acid test usually employed, indicated not only the presence of alcohol, but afforded a precisely similar reaction with another substance nominally existing in the excretions even of total abstainers; that this other substance represents that urinate portion of supposed alcohol, which alone can be found in the urine after moderate doses of stimulants; and that the larger quantity of material capable of reacting on the tests, which is discovered in the urine after *narcotic* doses, represents a certain quantity of real alcoholic elimination, over and above the other, which is not elimination of alcohol at all, at any rate not of alcohol taken into the body. It was also found that even in the method adopted by Dr. Anstie, replacing the color-test of former observers, which was at best imperfect, by actual distillation, and converting the distillate into acetic acid, that the alcohol obtained was identically that which was imbibed, as a deduction is to be made for the presence of other substances which yield the same product by oxidation. This somewhat technical proem seems requisite for the proper appreciation of the general results of the aforementioned experiments; but as it is evidently based upon true scientific hypothesis, it is fully allowable.

As long ago even as 1867, Dr. Anstie demonstrated that when not more than an $\frac{3}{4}$ iss. of absolute alcohol, whether under the form of beer, wine, or spirit of any kind, was taken during 24 hours, the kidneys excreted only a small fraction of one grain of unchanged alcohol, "even reckoning everything as such that affected the bi-chromatic test," and "even when so much as three or four ounces of absolute alcohol had been taken during the course of 24 hours, the urine of that period never gave evidence of the presence of more than from one to two grains; whilst in half a dozen instances where Bordeaux wine was given to the extent of intoxication, less than one per cent. of the ingested alcohol could be recovered by distillation. More recently Dr. Dupré in a series of experiments, proved that during a course of twelve successive days, in which the total ingested alcohol amounted to 584.236 grammes (more or less 19 ounces), less than half a gramme (78 gr.) of alcohol was eliminated by the kidneys; and moreover he also found that there

was no greater elimination on the later than on the earlier days of the period during which the alcohol was being taken, thus giving, as Dr. Anstie aptly says, a final demonstration of the fact that the kidneys do not, practically speaking, eliminate any alcohol at all. To make the test fully conclusive, Dr. Dupré collected the perspiration under water-proof clothing, during several hours after taking alcohol, and this upon examination showed no alcoholic admixture; and he further states that it is only in the profound narcosis of "dead drunkenness" that the skin gives off any quantity of alcohol that can be readily discovered by tests. In directing his experiments to the alvine discharges, he found that those of a patient who was taking six ounces of brandy per diem, that the eliminated alcohol was less than one-tenth of a grain in 24 hours. As regards the lungs, the careful collection and examination of the breath of the person above referred to, who took the 19 ounces, showed that the lungs eliminate only about one-half as much as the kidneys.

To harmonize the conclusions from all these sources, a fresh series of experiments were made with a closed box, known as "Pettinkoffer's Chamber," having an inlet valve at one side and an exhausting apparatus at the other, so that the total amount of air passing through it could be collected and analyzed, and all the excretions placed within it preserved for examination. As no chamber could be procured large enough for observation on human beings, Dr. Dupré substituted dogs, and by means of the most accurate tests, the details of which I will not tire you with, it was ascertained, first, "that 47.73 grains of alcohol can be disposed of by a little terrier dog within eight hours, with only the elimination of one-fifth of a grain of unchanged alcohol by all channels together; and second, that a terrier less than ten pounds in weight, could take with comparative impunity, nearly 2,000 grains of absolute alcohol in 10 days; that on the last day of the regimen he only eliminated by all channels 1.13 grains of alcohol, and that on his being killed two hours after swallowing 95.1 grains of absolute alcohol (the final dose of the 10 days' course), only 23.66 grains were recovered from his whole body and all its contents, elaborately and carefully treated so as to provide against loss during the examination.

These facts are of great importance to the profession. They teach that alcohol is a nutrient material, kindly received by the body, and securely added to the tissues. The necessary conclusion from these valuable facts is, that alcohol is not, to any considerable

extent, eliminated or accumulated within the body, but utilized as a force-producing food. Observation has proven, also, that its potential force does not show itself under the form of heat. We are hence left to infer that, like hydro-carbons and carbo-hydrates generally, it is availed of for the functional work of the organism, a fact that only establishes the validity and value of alcohol as an article of diet, but also of a corrigent of physiological aberrations.

Viewing alcohol as to its position as a dietetic, it is deemed evident, that quite 600 grains of absolute alcohol can be disposed of daily, within the organism of an adult male, without any perceptible injurious effect upon the bodily functions; but beyond a certain dosing, which of course differs in different persons, it is also abundantly certain that it becomes a narcotic poison of the most dangerous character, not the least disadvantage being that it cannot be eliminated to any considerable extent.

May not its valuable dietetic properties account for the general better health of the wine-drinking Europeans? And would it not be expedient for us to advise wines, for general table use, or for convivial purposes? You are all doubtless aware that many thoughtful men regard the promotion of temperance as possible only by the encouragement of cheap wines, thereby driving out from general consumption the spirituous liquors.

But, whatever may be best to be done in the way of fostering temperance, I will not tire you with any further views upon the matter, but conclude by expressing the hope that the profession will always stand ready to assert their privilege to use alcohol as a therapeutic agent, as well as to ignore the senseless prattle that we are partly responsible for a habit, which is such a dreadful curse to our civilization.

Allow me to quote the appeal of Dr. Anstie, and I will close:

"I appeal to the respectable members of the teetotal party, and I put it to their sense of honor, not to continue to circulate the gross misstatements on this subject, which even now are circulated broadcast in the tracts with which their Society floods the country. It cannot do the temperance cause any good in the end; indeed, the discovery that they have been systematically misled on a point in which their informers could have no difficulty in ascertaining the truth, has already produced a strong revulsion in the minds of many persons against everything that bears the most distant relation to teetotalism." 231 East 31st St., N. Y.—*New Jersey Eclectic Medical and Surgical Journal*, Feb., 1875.

Monthly Summary.

OF Therapeutics and Materia Medica.

On the Treatment of Diarrhœa of Typhoid Fever.

In a clinical lecture on this subject by Dr. George Johnson, of King's College Hospital, he says:

"I have gradually arrived at the conclusion that in the treatment of typhoid fever careful nursing and feeding are of primary importance, while as a rule no medicines of any kind are required, and when not required they are often worse than useless. The result of this change of treatment has been that diarrhœa is a less frequent symptom than formerly, and when it does occur it is far more tractable, while tympanitic distension of the abdomen is a rare event. The mischievous opiate enemata and the torturing turpentine stupes have disappeared together. I believe that one of the main reasons why we have less diarrhœa than formerly is that we carefully abstain from the employment of irritating drugs of all kinds. As a rule, a fever patient has the 'yellow mixture,' which is simply colored water; and except an occasional dose of chloral to procure sleep, and a tonic during convalescence, we give no active medicines of any kind. We feed these patients mainly with milk, with the addition of beef-tea and two raw eggs in the twenty-four hours, and we give wine or brandy in quantities varying according to the urgency of the symptoms of exhaustion, especially in the advanced stages of the disease; but in many of the milder cases, and especially in the case of children, we find that no alcoholic stimulants are required from the beginning to the end of the fever, and when not required they are of course best withheld. I have said that we give no irritating drugs of any kind. For a time I adopted the practice, which has been strongly recommended, of giving repeated doses of diluted mineral acids. I have long since abandoned this practice, for I am sure that it was injurious, and it was injurious in a very obvious and intelligible way; it irritated the ulcerated mucous membrane of the intestines; it caused pain and griping; and I believe that it often increased the diarrhœa. I have no doubt that the comparative infrequency of severe and obstinate diarrhœa among my enteric fever patients during the last few years is partly attributable to the discontinuance of the mineral-acid treatment.

"The diarrhœa of typhoid fever is in all probability often

increased by the patient's inability to digest the beef-tea and eggs, which are sometimes too abundantly given. When you have reason to suspect that this may be the case I advise you for a few days to keep the patient entirely upon milk, which contains all the elements required for the nutrition of the tissues in a form most easy of digestion. Milk has an anti-laxative and even constipating effect in various morbid states, and is when given alone one of the best antidotes for the diarrhœa of typhoid fever."—*American Practitioner*, Feb., 1875.

Quinine in Pertussis.

In the *Philadelphia Medical Journ.*, JOHN W. KEATING, M. D., gives the results of a series of investigations with the quinine treatment, made during an epidemic of whooping-cough, in the Philadelphia Hospital. In uncomplicated cases, he found that by an administration of one-half grain doses of quinine every hour during the day, and every two hours during the night, the "coughing spells" were reduced *one half*. "This experiment was often repeated with the same results, until, at the end of a week, at which time the paroxysms were very few, but had not diminished in severity." The conclusions he arrived at, are as follows:

1. That, in most cases, quinine, given in solution, will diminish the frequency of the paroxysms of whooping-cough, provided it will be given in sufficiently large doses.
2. That quinine can be given to children in proportionally much larger doses than to adults, but that in very young infants it is contra-indicated, as it always causes vomiting.
3. That carbonate of ammonia will in almost all cases relieve the severity of the paroxysms, and consequently should be given in conjunction with quinine, when this indication for its use exists.
4. That the dose of quinine for a child of two years should be at least ten grains daily, in divided doses; it should be watched carefully and increased, if it produces no effect. For a child of twelve years begin with fifteen grains daily, and note the effect of each dose. The drug should be frequently discontinued for a day or so, as it seems to lose its effect.—*Cincinnati Med. News*, Feb., 1875.

Treatment of Acute and Chronic Bronchitis and Asthma.

Dr. W. H. Spargin writes to the *British Medical Journal*, that he has tried iodide of potassium in the treatment of these maladies, in over one hundred cases, with almost invariable success; in fact,

with such success that patients have expressed themselves by saying, "it has acted like a charm;" others have said that no medicine ever had any real effect upon their complaint before. Iodide of potassium has a marked effect upon the breathing, reducing the frequency of the respiration, perhaps overcoming spasms. Almost after the first dose patients have stated they have felt the medicine touch their complaint.

He usually prescribes it with carbonate of ammonia, and, when the cough is very troublesome, adds tincture of belladonna and ipecacuanha wine.

In one case of very severe broncho-pneumonia he tried iodide of potassium, with tincture of hyoscyamus and ammonia, and the respirations were quickly and astonishingly reduced from forty in a minute to less than half that number.

He adds, in conclusion, that he has purposely given a mixture containing ammonia, belladonna, ipecacuanha wine, spirit of sulphuric ether, etc., without iodide of potassium, without finding much benefit; after which he added iodide of potassium, and found the patient relieved almost at once.

He confidently recommends iodide of potassium as a remedy in these troublesome complaints.—*Cincinnati Med. News*, Feb., 1875.

Acidulated Gargles in Typhoid Fever.

Dr. Netter, of Paris, directs attention to this class of medicines in the following conclusions:

1. Call the attention of the patients to the bad odor of their mouth, and inform them that not only in it but also in the nose there is something being secreted which poisons the whole system.

2. Place at their disposition an unlimited quantity of a solution containing two hundred grammes of decoction of barley, thirty grammes of honey, and twenty-five grammes of vinegar. Let them gargle and rinse their mouth with this frequently, and also snuff it into both nostrils. When they have commenced with this it will be found so agreeable that large quantities will be consumed.

3. The nurses should be instructed to encourage and assist the patients during this operation. Where the adynamia is very profound the nurses should cleanse the mouth for the patients.—*Amer. Practitioner*, Feb., 1875.

Powder for Preventing the Cicatrization of Small-Pox Pustules.

Dr. Pennavaria, of Sicily, recommends a powder composed of four parts of flowers of sulphur and one of red precipitate for

preventing the cicatrization of small-pox pustules on the face. He was induced to use the powder for this purpose from having found it extremely useful in many cutaneous diseases, especially eczema and acne. In using it a drop of glycerine is placed on the pustules and the powder sprinkled over this. The crust becomes detached in a few days, leaving the skin intact, without even a stain.—*Amer. Practitioner*, Feb., 1875.

Aconitin.

Aconitin is the active principle of *Aconitum Napellus*, a plant cultivated extensively in this country, but indigenous to Europe. It is prepared from the leaves and the root, and is composed of an alkaloid, a resinoid, and a neutral principle. These principles are supposed to be the active principle of the plant. Fifteen years ago I published an article upon the use of the tincture of aconite leaves in the treatment of fevers. It was not used by New School physicians up to that time. Since then, however, it has become a general remedy, and there is now no New School physician who treats fever without it.

Aconitin operates as an anæsthetic. It is a debilitating agent, and paralyzes every tissue. If you take the sixteenth portion of a grain it will produce a tingling sensation through the nerves. If there be headache, which is dependent on increased sensibility of the nervous tissue, it will disappear.

A lady had facial neuralgia. She had been leeches and blistered, and had taken all sorts of mixtures. I ordered the sixteenth portion of a grain of aconitin at night, when she went to bed. The neuralgia ceased; she had none during the night, nor was she troubled with it at any subsequent period. In this case the aconitin operated simply as an anæsthetic. I recently used this article in a very peculiar case. I had a patient, a young man who had spermatorrhœa; he was troubled with nocturnal emissions. You will find a good many of these cases in practice. The spermatorrhœa was very persistent, and was affecting his intellect; he had great prostration and debility of the sexual organs. I gave him five powders, each containing one-sixteenth of a grain of aconitin. I wanted to try it in this affection. This gentleman stated he never had anything to relieve him so quickly and so thoroughly as the powders which I gave him.

I have also used it in cases of chordee and gonorrhœa, and found it to operate admirably. I also used it in several cases of delirium

tremens, where it, in connection with lobelia, soon put my patient into a quiet sleep.

I also use it to diminish sensibility of the part. I have used a solution of it as a wash to indolent ulcers with benefit. I have applied an ointment of it for herpes and a great variety of other cutaneous affections of a painful character. It benumbs the part and gives ease, without producing constitutional disturbance or injury.

There are several instances in which it may be used where morphia cannot be. All the preparations of opium produce active constipation of the bowels. Aconitin does not do this; it rather increases the peristaltic action of the bowels. I have given it in irritability of the bladder, and sensibility of the vagina. I recently had a most remarkable case of prurigo of the vagina. This disease occurs in middle-aged females, and there is an exudation which becomes exceedingly irritating to the part, together with laceration, irritation, sub-acute inflammation and itching. Aconitin will almost invariably relieve the pain at once. It should be applied in the form of an ointment. I have also used this remedy in a large number of cases of neuralgia, with almost instant relief. In short, there is scarcely a painful condition of the body, dependent upon simple hyperæsthesia of the nervous system, in which I have not used aconitin with marked success.

From these facts we conclude that its specific influence is upon the gray nerve-matter of the sensitive nerves. We infer this from the fact, that while it produces almost immediate anæsthesia of sensibility, it does not interfere with the nerves of motion; nor does it, in doses sufficiently large to arrest pain, produce any observable impression upon the action of the heart and arteries. From all the observations I have made in the use of this article, I believe it is destined to fill a most important vacancy in our *materia medica*. It appears to possess the power of so modifying the sensibility of a diseased tissue, as to prevent the suffering without interfering with the functions of other organs and tissues of the body.

From these brief remarks relative to the use of this agent, you will observe that the range of the application of aconitin is great; that it may be used in all cases where there is hyperæsthesia, without interfering with other remedies or their curative influence. The proper dose is from one-twenty-fourth to one-eighth of a grain, repeated at intervals of half an hour or an hour, as the case requires. It should be thoroughly triturated in sugar, in the proportion of one grain of aconitin to sixty of sugar.

As an external remedy, it may be applied as follows: Mix ten grains of aconitin with one ounce of lard, and rub the painful parts with it four or five times a day. The aconitin should not be confounded with the alkaloid, aconitia, which is too powerful to be used internally.—*St. Louis Eclectic Medical Jour.*, Feb., 1875.

Editorial.

Cases in Practice.

BY IRA D. BROWN, M. D., WEEDSPORT, N. Y.

Chorea.

Was called, Feb. 8, to see "Kitty Cross," aged about 17, whom I found in most frightful convulsions. The arms, hands, legs, were in continual motion; the muscles of the face were working in every direction, producing horrible grimaces, the tongue was alternately protruded and withdrawn—in short, it appeared that every voluntary muscle of the body was working incessantly and violently. Such, I ascertained, had been the case for three previous days, during which she had been attended by two physicians. Powerful anodynes had failed to produce even temporary quiet; the patient had not slept at all. There was nothing but continual motion, pounding herself and every person who came within reach. Efforts to restrain her, only made her more frantic. Articulation was difficult, for it seemed that the tongue would not obey the will long enough to form words. The pulse could not be counted in any way except by holding the arm by main strength, and even then so great was the tumult among the muscles, that the count was altogether unreliable. So far as could be ascertained from inquiry, the menstrual function was not at fault. The girl's mother informed me her daughter had menstruated about two weeks previously. The bowels had been obstinately constipated, but a movement had been obtained that morning from cathartic medicines, administered by one of the physicians who had previously attended her. The urine was discharged at proper intervals, and in considerable quantities. Little or no nourishment had been taken.

The diagnosis was not difficult. It was plainly enough a case of *Chorea*—St. Vitus dance—of the most intensified and aggravated character.

Suspecting that intestinal irritation might be the primary cause, powders of Calomel, Jalap and Santonin were administered until two copious stools were produced, in which were a number of the *Lumbrici*, or long round worms. Orders were given that the patient should have plenty of milk and strong beef tea; also cold douches upon the head. Carb. Ferri and Valerianate Zinc were administered alternately in large doses, and 10 grains of Hydrate Chloral, were ordered to be given every hour at night until sleep was obtained.

Feb. 4. Patient still continues her violent contortions and poundings. The bed-clothes are torn to shreds; her hands are "black and blue" with pounding, but it still keeps up. The chloral produced no symptoms of sleep. Tonics continued, and at night Morph. Sulph., gr. ss., administered every two hours, alternately with the Chloral.

Feb. 5. After taking a grain of Morphia, and forty grains of Chloral, within four hours, the patient slept for about ten minutes at a time, altogether not exceeding an hour. The violent kicking and pounding still continues incessantly. Pulse cannot be counted, for reasons before stated. Even at the temporal artery the motions of the scalp prevent its being discovered, while the muscles of the arms are never still. It is plain to see however, that the pulse beats feebly, and the patient is evidently sinking. Ordered stimulants and essence of beef in connection with large doses of the saccharated carbonate of iron, in treacle. Also the following:

R Potassa Bromid.....	
Chloral Hydrate.....	aa grs. x.
Aqua Menth. Pip	3 ss.

To be given every four hours.

Feb. 6. No improvement. In spite of every care and caution on the part of her attendants, the loins, hips and elbows of the patient are chafed and irritated under the constant friction with the bed-clothes; the limbs are badly bruised, and in several places lacerated; the lips are severely bitten; the countenance wears an anxious expression when not violently contorted; piteous moaning cries are uttered but all articulation has ceased; the pulse is barely perceptible, and still the patient's poundings are so violent as to knock a strong man down, if he came within reach of her arms, and an attendant sitting down on the foot of the bed is speedily kicked off on the floor. Thus it kept on until about midnight, when the vital powers seemed exhausted, and death put an end to the painful scene.

No *post-mortem* was allowed, but I apprehend if one had been had, it would have revealed no appreciable lesion of any vital organ. It is evident that the pathology of chorea of this kind, at least, is little understood, and until there can be some rational idea of its cause, like ill success must attend its treatment. Ordinary cases, such as I have met with in general practice, yield readily to the tonic regimen, with the cold douche bath. In no other case have I failed to effect a complete cure in from four to six weeks. But the case above detailed, was something more. Watson's Practice mentions the possibility of such cases, but the author declares he has never seen one. *Braithwaite's Retrospect*, for January, mentions an analogous case, ending fatally.

Will any learned authority please inform us how intestinal worms, or a congested uterus and appendages, by "reflex," or other action, can produce these surprising manifestations of "insanity of the muscles," exhaustion and death?

Necrosis of the Femur.

Was called last September to see J. H., a lad of 10 years of age, suffering from necrosis of the femur. The boy was pale, weak and almost bloodless; pulse rapid and feeble; tongue coated with a whitish fur; appetite poor; bowels rather costive. Ascertained that he had night sweats and considerable coughs, which seemed to be of a bronchial character. The boy had been under treatment by several physicians, for more than three years. During all this time he had a succession of "running sores," extending nearly the whole length of the femur on the inner side of one leg. The whole limb had become atrophied, and there was, at this time, three fistulous openings discharging pus copiously. The probe showed that these openings communicated with the bone, from which minute scales were occasionally taken off.

Not anticipating the possibility of effecting a cure by other means than a surgical operation, for the removal of the carious bone, I deemed it prudent to prepare the patient for such an operation by improving his general health. In the hope of rallying his exhausted energies sufficiently to make such an operation feasible, I put him upon a tonic and alterative plan of treatment. The ordinary remedies for checking night sweats, and some soothing anodyne for the cough were given at first, but my main reliance was on the following, upon which the patient was soon put, viz:

R Elixir Iodo-Bromide of Calcium Comp.
 Ferrated Wine of Wild Cherry, (Tilden's), aa $\frac{3}{4}$ iv.
 Mix.

One teaspoonful in a wine-glass of water four times daily.

After taking one bottle of the mixture, the patient presented himself at my office, very materially improved in health. His appetite was good, he said; bowels regular; his cheeks began to look ruddy; and on examination, I found that the diseased femur was in much better condition, only one fistulous opening remained, discharging a moderate amount of pus. Encouraged by these signs of improvement, the patient was directed to continue the Iodo-Bromide Calcium Comp., and Ferrated Wine Wild Cherry. This he did, and to sum the matter up, in brief, after continuing the remedy about three months, I had the happiness to see the last fistulous opening healed, and the boy appeared to be in perfect health, able to play with other boys, as stoutly and as long as any, which he had not been able to do before.

Such results as these, certainly attest the therapeutic value of the "Iodo Comp." We have been taught that disease of the osseous system could only be palliated by the medical art—that surgery must step in and remove the offending bone, before a cure could be effected. I do not wish to be understood as saying that like good results can always be attained without surgical interference, but the success attending the use of the "Iodo Compound" in this case, and in a case of well-marked caries of the spine, which I have already reported, go far to convince me that it is worth while to try the effect of this remedy in kindred cases. My experience is such that almost daily I have had occasion to thank Messrs. Tilden & Co. for adding this compound to our materia medica.

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Communications.

ERIGERON CANADENSE.

Fleabane.

BY JOSEPH BATES, M. D.

NATURAL ORDER.—Asteraceæ.

In the Linnean artificial classification, this plant will be found in class Syngenesia, and Order Polygamia Superflua.

GENERIC CHARACTER.—Involucre imbricate, sub-hemispherical; egret pilose, double; outer egret minute and chaffy; florets of the ray, linear, very narrow, numerous.

SPECIFIC CHARACTER.—(Flowers white, blooms in July; annual.) Stem hispid, paniced, leaves lance-linear, ciliate; involucre cylindric; rays crowded, short. Var. *Grandiflorum*, rays yellowish, flowers very large, short peduncled, crowded, terminal and axillary.

Var. *Pusillum*, low, smoothish, leaves lance-linear, entire, scabrous along the margin.

HABITAT.—Northern and middle portions of the United States.

MEDICAL PROPERTIES.—Tonic, alterative, astringent and diuretic.

HISTORY.—This plant is much used by the vegetable practitioners, in the treatment of diarrhœa. The oil of Erigeron has been successfully employed in the treatment of rheumatism, gonorrhœa, and hemorrhage, etc., There are several species of this genus,

which possess identically the same medical properties, and may be used indiscriminately.

CHEMICAL COMPOSITION.—

Organic matters.....	6416.02
Inorganic matters.....	583.08
Total.....	7000.00
Gum.....	341.12
Extract.....	262.40
Tannin.....	148.04
Sugar.....	145.92
Particular principles.....	715.52
Oil.....	161.12
Chlorophylle.....	396.64
Soluble Salts.....	274.72
Insoluble Salts.....	308.48
Lignin.....	4221.76
Total.....	7000.00

THERAPEUTICAL EMPLOYMENT.

Dysentery.—This plant has been advocated as advantageous in dysentery, after the acute stage has passed. Opium, in small doses, should in most cases be alternated with it.

Diarrhœa.—Dr. King states that fleabane, given in infusion, has been found efficient in diarrhœa. A syrup, made of equal parts of *Erigeron Canadense*, the leaves of *Rubus Strigosus*, and the bark of *Rhus Glabrum*, will be found beneficial in this affection.

The oil is supposed to be most astringent. For diuretic purposes the infusion and fluid extract are said to be preferable.

Diabetes.—Some very able writers speak of the infusion of this plant as being efficient in the treatment of diabetes. Opium, Camphor, Sesqui-carbonate of Ammonia, or Arsenic may be employed in conjunction with this agent. Dr. Barlow, as quoted in the Dublin Hosp. Reports, vol. iv, considers the Sesqui-carbonate of Ammonia as the most clearly indicated and the most efficacious remedy in this disease. He advised the Sesqui-carbonate, in doses of gr. v-viij, with a few drops of T. Opii, in some light bitter infusion, every 6 hours. At the same time, animal food, together with cruciferous vegetables, as greens, brocoli, turnip-tops, &c., should be taken freely. On this latter point, Dr. Barlow places much stress. He reports cases illustrative of the decided benefit to be derived from his treatment.

Gonorrhœa.—Dr. J. S. Prettyman, of Milford, Del., highly lauds the oil of erigeron as a remedy for gonorrhœa. When the urethral inflammation is severe he precedes the remedy with an active hydragogue, such as \mathcal{R} Pulv. Sennæ \mathfrak{Dij} ; Pulv. Jalapæ \mathfrak{Dj} ; Pulv. Aromatici gr. x. Misce in aq., bullientis f. \mathfrak{z} iv. This when sufficiently cool, should be agitated and swallowed at a dose. "As soon as this operates give ten drops of the oil (*Erigeron Canad.*) and three hours later a full dose of spts. æther., nit. in infus. althææ, and so on every three hours alternately until the urethral inflammation is allayed. Then leave off the latter and continue the oil until the cure is complete. If the case is not recent, or there is but little urethral inflammation, the oil alone is sufficient."—*American Jour. of Med. Sciences*.

Hemorrhage.—D. J. F. Garretson uses the Tincture of *Erigeron Canadense* in Hemorrhage. He says:—"In any ordinary hemorrhage, where something besides a local means seems necessary for its arrestation, 'Tinct. *Erigeron Can.*,' given in single drop doses each minute, will be found very reliable. To give it in larger quantities than this, or more frequently, seems to defeat the end. In epistaxis, or the internal hemorrhage, if not too severe, it is very useful, and seldom fails. The erigeron grown in Rhode Island, near the sea-coast, seems to possess the most virtues."—*Druggist Circular and Chemical Gazette*, Nov., 1871. The author has employed the oil of *Erigeron* in the treatment of uterine hemorrhage and found its action prompt and efficient. He has treated cases which did not respond favorably to ordinary remedies, cases in which the amount discharged became alarming, and he has witnessed in those cases, the speedy arrestation of hemorrhage from a single dose of the oil of *Erigeron*. A Tincture of *Erigeron Canadense* and Ergot will be found a valuable remedy in this class of affections.

Dr. King observes:—"The volatile oil of *E. Canadense* acts as an astringent, and may be used as a local application to hemorrhoids, bleeding from small wounds, etc., likewise in rheumatism, boils, tumors, and sore-throat, in which it should be combined with goose oil or some similar substance, being too acrid to use alone. Internally, it will be found useful in diarrhœa, dysentery, hemoptysis, hematemesis, and hematuria; from four to six drops of it on sugar, or dissolved in alcohol, and given in a little water, will be found a powerful remedy in uterine hemorrhage and menorrhagia, acting promptly and efficaciously; it may be repeated every five or

ten minutes if required." *The College Journal of Med. Science*, for June, 1856, observes:—"Oil of *Erigeron Philadelphicum*, in Post-partem Uterine Hemorrhage.—Dr. Abraham Livezey of Lumberville, Pa., who appears well versed in the modern additions to the science of medicine, adds the weight of his experience in favor of the Hæmostatic powers of this oil. He has reported several cases to the *Boston Med. and Surg. Jour.*, tending to establish the value of this agent in the above class of cases."

This agent has been advised in various other diseases, viz.: dysuria of children, painful micturition, many nephritic affections, and in dropsical complaints.

BROMO-CHLORALUM IN THE LYING-IN ROOM.

BY X. T. BATES, M. D., NEW LEBANON, N. Y.

My attention was signally called some two years since to the beneficial results of using Bromo-Chloralum in obstetrical practice, in a very tedious and anxious case where delivery was ultimately effected by perforation, resulting in a lacerated perinæum, the rupture extending through to the sphincter ani. In consequence of the fœtal impaction, the necessarily long time in labor, and the difficulties attending its termination, the maternal parts had become flabby, œdematous and semi-gangrenous, rendering it quite inadmissible to apply sutures to the perinæum, and impressing me with fear lest the injury done to the maternal parts, might result in extensive sloughing, and the septic influence arising therefrom, lead to the most direful consequences, while the least trouble to be encountered, was from the acrid vaginal discharge. This I apprehended would greatly interfere with, if not altogether prevent unaided union of the perinæal surfaces.

From my previous knowledge of Bromo-Chloralum as a palliative to burns, abraded surfaces and flesh-wounds, and experience with it as an anti-septic and disinfectant in foul breath and scirrhus and hæmorrhoidal fœtor, I was induced to use it here, simply as an anti-phlogistic and disinfectant. I directed the nurse to dilute it with soft water, in proportion of one part to eight parts of water, and to use this both as a topic and injection—the vagina to be thoroughly cleansed with it morning and night and a cloth saturated with it to be kept constantly on the vulva.

The result was highly gratifying. Not only was the air of the apartment kept pure and entirely free from the disagreeable fœtor

so common in the confinement room, and which so often from its extreme offensiveness, is the source of discomfort and perhaps actual danger to the patient, interfering gravely with convalescence by its malarial and nauseating influence, besides being intolerable to the nurses and attendants. Not only was this beneficial effect secured, but the vaginal discharge was also robbed of its acrid properties and in the course of a few days the lacerated perinæum had quite closed, healing more kindly and quite as satisfactorily as could have been hoped for, even with the early introduction of sutures, which, as before remarked, were deemed impracticable in this case.

I have since been in the habit of advising an injection of Bromo-Chloralum generally in my obstetrical practice, and am led to regard it as indispensable to my patient's comfort, and good getting-up. As a soothing injection I think it, under these conditions, superior to Potass. Chlorate, and as an astringent agent it surpasses any which we are in the habit of using, while by its contractile and toning influence on the uterine and vaginal surfaces, it hastens the restoration of those organs to their normal state, and tends largely to prevent many of the maladies incident to women after confinement—such as prolapsus uteri, retroversion, anteversion, prolapsus vesicæ, leucorrhœa, &c., subjecting them to more or less pain and inconvenience for the remainder of their lives; a state of things which sometimes, when of long standing, baffles all treatment, but in its inception, can be easily controlled and all its terrible consequences averted by the proper use of this valuable agent.

As an adjuvant in combating profuse flow of the lochia, it is a remedy of no little merit. This irregularity we most commonly meet with in women of a debilitated habit and relaxed fibre, producing all the effects of chronic hæmorrhage, a condition which, in connection with other appropriate treatment, calls for some stimulating astringent, possessing both disinfectant and anti-septic properties—a demand most happily supplied by Bromo-Chloralum.

I am also convinced that the early use of this remedy faithfully and systematically employed, diluted with eight or ten parts of water—and kept constantly in the chamber, sprinkled on the bedding and exposed on sheets, suspended in the room—in connection with its use as an injection per vagina and uterus, and its topical application to the vulva—will do much towards preventing malarial emanation and the absorption of putrid matter which might induce septicæmia, and are acknowledged causes at times, of that terrible and dangerous malady, puerperal fever.

I feel justified in stating from my own experience and observation, that Bromo-Chloralum is entitled to particular attention in obstetrical practice, as a remedy of no little therapeutical importance. With it the physician enters into the presence of his patient in the hour of travail, on his mission of setting to a more even tenor the life-loom, into which death weaves our days with such restless and rapid stroke, better prepared to avert the perils and disastrous sequences, incident to labor.

TREATMENT OF BURNS AND SCALDS.

The following observations by Dr. John Morris, of Baltimore, in *The Sanitarian*, may be read with benefit:

The first step is to remove the clothing from the patient. As rest is all-important, this should not be done by the old plan of taking it off piece by piece, but by removing it by a few skilful cuts with a knife or scissors. The patient should then be instantly wrapped in a blanket, or blankets, or large masses of cotton, if at hand, so as to create heat, and thus re-establish the circulation.

Patients frequently exhaust themselves by their outcries, and to guard against the depression of nervous force brought about by this cause, anæsthetics should at once be employed. Chloroform or ether should be administered in sufficient quantity to induce partial, or, if necessary, complete unconsciousness. If these agents are not at hand, large doses of opium should be given. This is all-important, as the patient must not be allowed to suffer if we wish to conserve the powers of life. The dressing should be made while the patient is in this state.

Carron oil is utterly useless, if not injurious. Of all the oils, linseed, in our opinion, is the worst, as it is the soonest to be absorbed by the atmosphere, and become dry. In cases of bad scalds of children, in which a large part of the body is involved, we know no dressing so good as a bran bed, that is, a bed of bran, in which the patient may lie, and be entirely covered with a thick investment of the same. This dressing has the advantage of not requiring change, for each day, as the moist particles fall off, they can be replaced with fresh bran without disturbing the patient. One of the severest cases of scald we ever met, recovered by this treatment.

A great deal of harm is done to patients by frequent dressings, and any method that obviates this is most desirable. Patients

frequently are exposed for hours to the action of the air, suffering unnecessary pain, by the old and tedious process of dressing. The air itself does no injury, but the extreme hyperæsthesia of the skin produces a state of nervous tremor which leads to exhaustion. Any one who has seen a case of hydrophobia can readily understand this condition of skin hyperæsthesia.

In burns of the extremities, there is no immediate application so serviceable to relieve pain as hot or cold water, and, strange to say, they act equally well. If the appliances are at hand, the cold bath as practiced by Hebra is the best. Those who have visited his wards in Vienna, and seen his treatment of burns by a bed made of straps, in a cold bath, can bear witness to the successful and scientific character of this procedure. For small burns, warm water acts admirably.

We have said before, that anæsthetics should be employed in all burns of an extensive character, but, before their effect is allowed to pass off, applications should be made to produce anæsthesia of the parts affected. We have heretofore used for this purpose a solution of Labarraque's chloride of soda, of the strength of an ounce to a pint of water, adding two or three grains of morphia to the solution. This has generally given great relief to the patient—indeed, in a short time, destroying all the extreme sensibility. Carbolic acid has been highly recommended as a local anæsthetic, and may be possible that a solution of it in water, in combination with morphia, might act still better.

After a free application of either of these solutions, the parts may be thickly covered with cotton batting. This helps to counterbalance the chilliness, and gives a comparative degree of comfort.

In superficial burns, of a limited extent, nothing is required but simple cold-water dressing.

Brandy should not be administered whenever opium or ether can be obtained, as it remotely exercises a depressing influence. Strong hot coffee is the best drink that can possibly be given to counteract nervous exhaustion, or remedy the effects of shock. If brandy is given at all, it should be given with coffee. All earthy applications, such as chalk, calaminaria, etc., should be avoided, as they are not only therapeutically inert, but may interfere with the process of restoration.

Local stimulation, such as the application of turpentine, or a solution of nitrate of silver, as practiced at St. Bartholomew Hospital, is no doubt proper treatment in the second stage of burns,

but as this belongs more especially to the domain of surgery, we forbear to discuss it, as well as the treatment of the after consequences of burns, such as ulceration of the bowels, particularly of Peyer's glands, congestion of the lungs, cicatricial contractions, etc.

In conclusion, we will briefly sum up the recommendations before suggested:

1. Remove the clothing by cutting it from the body.
2. Wrap the patient in blankets.
3. If pain be excessive, administer chloroform, ether, or large doses of opium, and let the necessary dressing be made while the patient is in a state of partial or total insensibility.
4. Produce anæsthesia of the burned or scalded parts by the application of a solution of carbolic acid and morphia. (This solution can be made in almond or olive oil.)
5. After this, wrap the patient in masses of cotton batting.
6. Avoid brandy, and give coffee as a stimulant.

If these simple rules be followed, much suffering may be alleviated, and many a life saved, which otherwise would be lost by the ignorance and mismanagement of attendants.—*Nashville Journal of Medicine and Surgery*, March, 1875.

ON THE ALLEGED SUCCESSFUL TREATMENT OF TYPHOID FEVER BY "COLD."

In a paper recently presented by FREDERICK T. ROBERTS, M. D., B. S. C., M. R. C. P., he states his views in regard to the "cold" treatment of typhoid and other fevers, as follows:

"Among the remedial measures which are attracting attention at the present time, some of the most important are those which have come into prominence in connection with the treatment of febrile diseases, and which have for their object the application of cold to the external surface of the body. Of course they do not involve any newly discovered principle, for they are merely revived methods of a plan of treatment which is more particularly associated with the name of Currie, who laid down definite rules as to how and when it should be carried out. These measures have been, during recent years, much more extensively and generally employed on the continent, and especially in Germany, than in this country; but any one who is acquainted with current medical literature must be familiar with the fact that they have not been

ignored by the profession here, but have been duly recognized as affording valuable aid in the management of fevers, under certain circumstances, and that their efficacy has been tested by several accomplished observers, such as Wilson Fox, H. Weber, Ringer, Thompson, Greenhow, Clifford Allbutt, and others.

Those who adopt this plan of treatment are anything but agreed as to the details of carrying it out. The principal methods employed are frequent cold or tepid sponging of the skin, wet-packing, cold baths, affusion, and tepid baths gradually cooled. Some pursue the treatment vigorously in all cases; others only when the temperature reaches a certain height. There are also differences as regards the duration of each application, the frequency of their repetition, and the length of time during which they are continued.

I venture to state briefly the conclusions which I have arrived at with respect to the treatment now under consideration.

1. It is highly desirable that the members of our profession should be more generally impressed than they are at present, with the usefulness of the various modes of applying cold to the surface of the body in febrile cases, under certain circumstances; and that they should be prepared without hesitation to carry one or other of them out efficiently whenever this plan of treatment is indicated. This applies to typhoid in common with other fevers.

2. On the other hand, to adopt a routine hydropathic treatment of any fever seems to me most objectionable, and this applies especially to the more severe methods which are advocated. As already remarked; they are not easily carried out in general practice; they are certainly not required in a large proportion of cases; most of them are anything but pleasant to the patients, and they may prove very trying and exhausting, especially if frequently repeated, as they usually need to be, if the treatment be efficiently fulfilled; while it must be remembered that they are not harmless measures, but may have a powerful influence for evil as well as for good. With regard to typhoid, many cases do not come under observation until it is too late to attempt to check the primary fever, even supposing that the intestinal lesion could be thus limited. For these and other reasons I do not see that, at present at least, a hydropathic treatment of typhoid fever in general practice has any claim to our support. If it is thought worthy of trial, it ought first to be fairly tested in *bona-fide* cases of this disease, and under the strictest and most competent supervision.

With regard to sponging the skin, I believe that this is often very useful, and ought to be employed far more frequently than it is at present, in typhoid as well as in other fevers. With proper care it does no harm, while it often gives much relief, and is beneficial in other respects.

3. The cases in which the more severe methods of applying cold are indicated are those in which the temperature is already very high and remains so, or shows a tendency to rise rapidly, especially if, at the same time, there are signs of much nervous disturbance. Unquestionably this plan of treatment is not resorted to under these circumstances nearly so frequently as it ought to be. It is difficult to lay down any exact rule as to what temperature indicates the necessity for adopting it, but if it reaches to 106° F. and shows no tendency to fall, or, still more, if it continues to rise, this treatment deserves due consideration. Necessarily much will depend on the actual condition of the patient, and every case must be thoroughly considered in all its features. The best method seems to me decidedly that of placing the patient in a tepid bath, and gradually cooling this. Affusion over the head is useful if there are marked nervous symptoms. Of course it is imperative that this treatment should be always conducted under the strictest supervision, and its effects carefully watched.—*Cincinnati Lancet and Observer*, March, 1875.

INJECTIONS OF TINCTURE OF IODINE INTO THE CAVITY OF THE UTERUS.

In comparison with *iron*, *tinct. iodine* has the advantage, so far as we now know, of being perfectly safe; at any rate, free from the evils incident to the employment of iron. Besides this we have the direct antiseptic influence of the iodine upon the uterine and vaginal mucous membrane. The application of iodine to the lining membrane of the uterus is, probably, of all things the surest means of counteracting a tendency to absorption of septic matter into the system after delivery. Since adopting the practice of injecting tr. iodine after operations upon the interior of the uterus, Dr. Emmet has not encountered a single case of septicæmia. As contrasted with the salts of iron in this respect, it would seem as if there could be no room for hesitation in the choice. From the local action of iodine not only is nothing to be feared, but even advantage to be anticipated, while from the local action of iron

much may be apprehended. As an excito-motor agent, iodine is probably at least equally good, while incapable of causing the formation of thrombi in the uterine vessels. In view of these facts one would feel justified in resorting to the iodine earlier than to the iron, and in this respect also an advantage may be gained for the patient, since the use of iron is expressly limited to cases deemed hopeless under ordinary management.

We all know how impossible it is to limit the use of any expedient to the cases for which it is expressly designed. Thus was it with Simpson's plan of detaching the placenta, distinctly limited by its author to cases of extreme severity in which the life of the child was of the least moment, and yet employed by not a few as early as the state of the os would permit. The same is true of the subject under consideration. Dr. Hicks, a practitioner of deservedly large influence, had used the iron injections a "great number" of times. No matter how extensive a man's practice may be, he can scarcely have met with a "great number" in which the conditions are those which Dr. Barnes prescribes; and indeed, as we have already seen, we find Dr. Barnes himself acknowledging the influence of the injection in causing the womb to contract. In those instances in which the event shows that reflex action may still be excited by a new and efficient stimulant, there surely is no need of the *coagulating* power of the injection. We must admit that a stop may be put to the loss of blood by the local action of the styptic as the blood flows from the open vessels, and that in the absence of reflex action, the woman, if she recovers, must owe her life to the injection as a styptic alone; but if these cases must be exceptional, and form but a small proportion of those in which it has been resorted to.

In recapitulation we may briefly say that we have sought to show:

- 1st. That a very considerable proportion of cases in which the injection of salts of iron has apparently saved life, have been those in which it accomplished this end not in virtue of its local styptic action, but because of its power to excite reflex action when cold, friction, pressure, etc., have failed.

- 2d. That when it produces coagulation of blood in the orifices of the blood-vessels there is danger that the coagulation may follow the vessels into the substance of the uterus, producing dangerous thrombi, and that the blood already collected in the cavity of the uterus also may become converted into a hard, intractable coagulum

which the uterus cannot expel, and which may, after a few days, decompose and give rise to septicæmia.

3d. That there is evidence for believing that as an excitor of dormant reflex action, tinct. iodine may be substituted for the iron with positive advantage, from its efficiency as an excitor and from its antiseptic properties.

If these points are established, the use of iron salts in a solution sufficiently strong to induce coagulation of blood in the uterine vessels should, at any rate, not be resorted to until tinct. of iodine has been tried and failed.

In conclusion, I would distinctly disavow the position of claiming positively for iodine a superiority over the iron. More facts are needed to warrant this. I have simply sought to present the considerations that render it extremely probable that the one will be found an advantageous substitute for the other, when it shall have received at the hands of the profession a sufficient trial.—*Amer. Journal of Obstetrics*, February, 1875.

THE ACTION OF ERGOT.

BY B. P. REESE, M. D., OF STAUNTON, WEST VIRGINIA.

Having for some time been impressed with the singular effects of ergot administered at different periods, being to all appearances contrary oftentimes to what we are taught in our text-books, I have concluded to advance an idea which may, to many, seem groundless and subject to criticism, but if it should be the means of bringing to my mind a more satisfactory solution of the problem, from some one more competent, of the true "modus operandi" of this valuable remedy, I shall feel myself fully compensated.

I think it was about the year 1807, that a Dr. Stearns, of Saratoga county, revived professional attention to its medicinal virtues, and more recently it has excited in the minds of the profession an interest, the results of which have been varied and discrepant. Modern investigation and experience have shown that it possesses an elective affinity for the *involuntary* or *unstripped* muscular fibre wherever this is found. The uterus being constituted principally of this variety of muscular tissue, it is my purpose to confine myself more especially to its effects upon this organ, as it is here I have found those peculiar contradictions of what has been the preconceived opinion of the profession. It would be useless to

enter into a description of the anatomy of this organ, as I presume those who feel sufficient interest to read this article are acquainted with its anatomical construction. We know it to be composed of circular and longitudinal fibres, both of which are made up of the unstripped muscular fibre, and yet, from some cause, which I do not propose to discuss, nor do I pretend to understand, but am fully persuaded from experience and observation, ergot has a peculiar elective affinity for the longitudinal fibres.

I am not unmindful of the fact that Meadows has undertaken to prove that uterine contractions begin in the fundus, while various others express different views, claiming they begin in the cervix; also that the longitudinal fibres of the uterus, of the middle coat, are confined almost entirely to the cervix. But finding oftentimes the hour-glass contraction after birth giving evidence there must be a circular contraction independent or stronger than a longitudinal, and reasoning from analogy, one might expect them to impede the expulsive effort, at the same time produce violent pains. To sustain my hypothesis, by way of illustration, I will give some experience which first attracted my attention in this direction. On several occasions I have been called to visit cases of threatened abortion or miscarriage, attended with severe pains, hemorrhage, and all the symptoms of unavoidable miscarriage. Upon the administration of ergot, to aid nature in her efforts to expel the fœtus, to my surprise all unfavorable symptoms would subside, and the patient, without further trouble, go to full term and be delivered of a healthy child. Some time since I attended a lady in labor, who, to all appearances, before examination, I thought in active labor, but upon digital examination there was no evidence of labor manifest. She remained in this state for several weeks, begging for ergot at each of my visits, until finally, after using every other means, as a "dernier resort," I commenced giving fluid extract ergot judiciously, watching its effects. As soon as she had taken sufficient quantity to have any effect, natural labor set in, and in less than twelve hours from the first dose she was delivered of a living child, which is now twelve months old, a fine and healthy daughter.

With these illustrations I propose now to give my idea of its effects in these cases, and I believe in all similar cases when administered for any such purpose. The pains in threatened abortion or miscarriage, or in such cases as above mentioned, I believe to be produced solely by the contraction of the circular fibres, and that

labor or miscarriage will never take place until the *longitudinal* * or antagonistic muscles become in active operation. In case of threatened abortion, when the pains are severe, with hemorrhage, the result of partial detachment of placenta, I believe the ergot has a tendency to equalize the muscular contractions, thereby causing pains to cease and arresting hemorrhage. The uterus becoming quiet, the mother is relieved of one of the most trying dangers to her future health. But should the quantity given be sufficient to bring these muscles into action beyond the controlling influence of the circular muscles, then inevitably will the contents of the uterus be emptied. Should this theory prove to be correct, then we have at our command a remedy which, if carefully and judiciously administered, must prove a boon to the profession.

It yet remains for us to discover what given quantity in each individual case will have this equalizing effect. In my opinion, this can only be done by careful administration and watching the effects of each dose, as we find in this, as in all other remedies, different patients are more or less susceptible.—*Medical and Surg. Reporter*, Feb., 1875.

Monthly Summary.

OF Therapeutics and Materia Medica.

The Cold Bath in Scarlet Fever.

In an exceedingly interesting paper in the *London Lancet*, by Dr. T. Clifford Allbutt, a writer whom we have often quoted in this journal, we find the following concerning cold bathing in scarlet fever cases attended by hyperpyrexia:

“Armed with the thermometer, be not taken by surprise, and do not delay your remedies until your patient’s state is already desperate. It is very sad to be called, as many times I have been called of late, to a patient in scarlet fever whose temperature has risen to 108° or 109° unperceived, and whose chances of safety may have slipped away. Cool spongings, light clothing, open windows, wet screens, fatty inunctions, ice, various kinds of packs, all or any of these may let or hinder the evil which in adults is so hard to meet, not for want of knowledge, but for want of means

* The term *longitudinal muscles* is not used in its strict anatomical construction, as they are confined principally to the cervix, but is meant to be implied in correspondence with the longitudinal and transverse axes of the uterus.

and of intelligent and able assistants. In children, however, so easily handled, and so easily packed or bathed, it is even harder to see lives wasted, not for lack of these, but too often for lack of knowledge. These we may hope, even in later stages, to snatch from death, while in the case of adults there may not be time or opportunity for measures which, with time, are not easily undertaken.

Among the cases reported by Dr. A. is that of a delicate child. "His father was a medical man, and was in great distress about him. At my first visit his temperature was 105.3° , and rising. I hinted at the course which I should advise, but my words fell then on stony ground. A few hours later, when I called, the temperature was over 106° , still rising, and the symptoms of hyperpyrexia were very severe and alarming. I now pointed out decidedly to the father that his child would almost certainly die if we temporized further, and that if cool bathing were resorted to at once he might live. The father told me honestly that his prejudices were strongly against the procedure, but after some thought he said he would carry out whatever I wished; and, having thus promised, he carried out the plan most loyally and skillfully. I need scarcely say that my wishes were that the child should be put into a bath at 90° , which was to be cooled down to 70° , the thermometer being carefully watched the while; that when the child's temperature had fallen to 101.5° he was to be removed to a warm dry blanket, a hot water bottle placed to his feet, and a little brandy and water administered. Struggling, screaming, and unconscious, the child was thus immersed, and on his removal the temperature, as usual, fell still further; viz., to 98° . On my return in a few hours the little fellow was slumbering sweetly, and had slept for four hours. He had taken food consciously, and the fever temperature was 102.5° . It continued to rise, and the former symptoms began to re-appear. The father again used the bath with the same good results, and from this time recovery was rapid and uninterrupted. I need not say how great is mine also to number him among the few who, like brands snatched from the fire, have been restored to life by one of the most brilliant discoveries of rational medicine."—*American Practitioner*, March, 1875.

Dyspepsia, by J. W. P. Bates, M. D.

The medicinal treatment of dyspepsia is said, by authors, to be of less value than the dietetic and mental, but in general practice,

it is what we have to rely upon most fully. Nearly all articles of the materia medica have been used at some stage, and we cannot wonder at it, when we consider the many troublesome symptoms to which we must give relief. To state the treatment in general terms, almost all cases require tonics at some stage of the disease. Of these, the most reliable are quinine, iron, strychnia, the mineral acids, and the bitter vegetable tonics, as columbo and gentian. To relieve pain and discomfort, we can use belladonna, conium, and bismuth. Excess of acid is best neutralized by lime-water or magnesia. For the vomiting, creasote, oxalate of cerium, etc. Gastric fermentation may be checked by brandy, and the various aromatic spirits, and the flatulency and tympanitis require carminatives, stimulants, tinctures of the essential oils, aromatic powder, etc. If the attacks result from over-exertion, carbonate of ammonia, with compound tincture of gentian, or extract of gentian, may frequently relieve. From a general view of the subject, I think we can arrange most of the cases under one of three heads:—

1. A general want of secretion, particularly of the gastric glands, characterized by loss of appetite, dryness of the mouth, and discomfort after eating. The treatment is small doses of ipecac, regulation of the bowels, pepsin, bitter tonics, nitric acid, etc.

2. Secretion in excess, accompanied by vomiting, cardialgia, and nervous excitement, sometimes diarrhœa. Treatment, hydrocyanic acid, bismuth, conium, bitter vegetable extracts, nitrate of silver, etc.

3. Accompanied by the generation of gas, carminatives, absorbents, tonics, and remedies; as sodæ sulphis, to prevent putrefactive change.

As for the special articles which are sometimes difficult of digestion, I can only mention a few classes. Pancreatine or pancreatic emulsion can be used when fat is not digested. In indigestion of water, when from anæmia, use iron; when from emphysema, a mercurial purge. Starch and sugar, charcoal, bismuth, sodæ sulphis, etc. Albumen, fibrin and pepsin. In all cases use tonics, as iron, quinine and strychnia.—*Medical and Surgical Reporter*, March, 1875.

Treatment of Acute Rheumatism by the Packing Process.

Dr. Dowse, of London, has recently been advocating the above method. He says the first thing to do in the treatment of rheu-

matic fever is to eliminate the acid products of the diseased state; and the next, to relieve pain. To bring this about he has been in the habit of packing most of the cases in a wet blanket, and then rolling them up in dry blankets, so as to produce profuse sweating, and also increase the temperature. Finding that this method gave good results, he adopted a systematic mode of procedure, which he thus describes: The bed is covered with India-rubber sheeting; over this is laid a blanket which has been wrung out of hot water. The patient is then enveloped in the blanket, and covered with six folds of dry blanketing. By this the temperature is raised, and profuse sweating results; the former, if need be, is assisted by the administration of brandy in half-ounce or ounce doses every hour, and the latter by freely drinking warm milk and water. If the temperature exceed 102° F., the stimulant is unnecessary. The treatment is continued for three days. He finds that after the third pack the pain completely subsides and the sour taste usually disappears. He gives the detailed histories of six cases, taken from some thirty which had been submitted to the packing process, and of which only one had failed of success. The author is of the opinion that the constitution or age of the patient does not so much influence the duration of the disease as the season of the year and state of the atmosphere, and he has repeatedly observed that if a patient with acute rheumatism in one ward had a relapse, it invariably followed that patients in other wards were similarly influenced. To carry out the treatment without failure, the prescribed regulations must be strictly adhered to.—*Medical Record*, March, 1875.

On the Curative Action of Calabar Bean.

Fraser states that the remedy is very efficacious in nervous affections as well as intestinal atony. The author (Navarrete) has used it with success in gastralgia, neuralgia of the lumbar nerve and chorea, but derived the most remarkable effect from its use in *tetanus*. In *eighteen* cases of this disease *twelve* were cured, five ended fatally and one remained doubtful; a success which has never been attained by the use of any other remedy in this terrible disease. Upon epilepsy, however, Calabar bean had no effect whatever.

The author is of the opinion that this remedy should be oftener employed in the habitual constipation of old persons, which frequently depends upon atony of the bowels. Depending upon

the action of Calabar bean on intestinal atony, Lee has employed it in diarrhœa following paralytic conditions, with good effect. The ordinary dose of the tincture is four drops three times a day. In tetanus about three times this quantity should be given.—*Baltimore Physician and Surgeon*, February, 1875.

Use of Quinine in the Treatment of Infantile Diseases.

In a paper in the *Deutsche Klinik*, 1874, Dr. Rapmund contends that quinine and cold affusions are the most energetic and most certain anti-pyretics. He gave quinine in four cases of scarlet fever, eleven cases of measles, two cases of small-pox, three cases of erysipelas, nine cases of lobular pneumonia, and three of follicular enteritis. When a sufficient dose had been administered the temperature and frequency of the pulse fell, and a calm, prolonged sleep ensued. Quinine has great power in rendering the course of febrile diseases benign. In the treatment of erratic erysipelas by quinine Rapmund has been as successful as Vogel. In the treatment of lobular pneumonia of infants by quinine the author obtained seven cures out of nine cases. It is in the stage when the febrile symptoms are acute, and the temperature and pulse-rate higher than normal, that quinine is indicated. In whooping-cough quinine diminishes the violence of the attack and promotes rest at night. It also appears to prevent complication, and to render the course of the disease benign.—*American Practitioner*, March, 1875.

Beef-Tea Substitute.

Dr. Mackenzie says, "raw meat is prepared for use by beating it into a pulp. Lastly I have been in the habit of directing this pulp to be cooked, simply by adding boiling water to it and agitating the whole briskly. It may be made of any consistency to suit the individual taste, and savored according to the same rule. It may be allowed to infuse a few minutes, as thereby it is rendered more palatable to most persons. In cases of very feeble digestive powers, a few drops of muriatic acid, well diluted, taken immediately after each meal, will greatly aid its digestion. This preparation is well suited to all cases where no hunger is experienced and mastication is irksome, or where food is loathed, and the digestive powers are feeble—in fact, in all such cases, as it has been the custom of late years to administer the imaginary food called beef-tea, or extract of meat. I find that patients prefer the beef pulp, prepared as I direct, to the extract; in point

of nutrition, no comparison can be drawn between them. I would only add, it is quite possible to place too much reliance on beef and brandy in cases of extreme nervous and physical exhaustion. New milk and fresh, raw eggs are equally important, and there can be no reasonable doubt that a due admixture of these and other articles, judiciously administered, is the surest and speediest method of restoring to nature her exhausted strength.—*St. Louis Med. and Surg. Jour.*, March, 1875.

The Wet Sheet in Scarlatina.

Dr. John Taylor, of Liverpool, communicates his experience in this matter to the *London Lancet*, and says, "My plan of procedure is to immerse a night-gown slit up at the front, in hot water (half a pint to a pint), pure or medicated with a drachm or two drachms of tincture of capsicum, or in the infusion of three or four pods, or in mustard-water, the clear supernatant fluid from a tablespoonful of mustard to a pint of water; extending the gown over the feet by means of a towel immersed in the same fluid, both to be well wrung out and suddenly applied, and the patient quickly packed in two blankets previously placed on the adjoining sofa or bed; another blanket or two pillows, or an eider-down quilt covering all. Modern experience has witnessed the amazing relief procurable from the wet sheet, in its simple form, in pyrexial and glandular disorders, and from the medicated form in the zymotic and spasmodic affections. In stridulous croup, for instance, I have seen the mustard sheet act magically after other means more orthodox had failed. Its power is also potential in diphtheria simulating croup, and, in strong doses, in inflammatory croup, sometimes averting the impending tracheotomy knife."—*Amer. Practitioner*, March, 1875.

Phosphorus as a Stimulant.

Dr. John Brunton, of London (*ibid.*), gave phosphorus to a patient under the following circumstances: "On examination I found the characteristic rose-colored spots of typhoid fever, and he had all the other symptoms present. His fever continued gradually to increase, when he said to me, 'I am going to die;' and he looked like it. His conjunctivæ were injected, his breath cold, his skin cold and clammy; pulse 48, very weak and compressible; voice whispering; temperature 99°. He was in a condition of extreme depression. I at once administered phosphorus, in doses of one-twelfth of a grain, every two hours,

and I was surprised to find on my next visit, eighteen hours after, when he had taken three-quarters of a grain of the drug, that he had quite revived. His skin was comfortably warm, eyes not so suffused, voice more natural; pulse 72; temperature 99°. I immediately stopped the phosphorus and gave nitric acid. Since then he has gone on prosperously, and is now convalescent. Heroic doses need careful watching, and I am sure the formula appended is most stable and active, and it is not unpalatable. I do not think I should care to go beyond one or at most two grains of the drug, divided over two days.

℞ Ethereal tinct. phosp. (gr. $\frac{1}{2}$ to 3 j.), 3 iij.
 Spt. vin. rect. $\frac{3}{4}$ ss.
 Glycerin. anhydr., ad. $\frac{3}{4}$ iss.

One teaspoonful as a dose."—*American Practitioner*, March, 1875.

Diagnosis of Pregnancy.

Dr. Rasch calls attention (*British Medical Journal*, August 30, 1873) to a new method of detecting pregnancy, especially during the first three months. By making a vaginal examination with the fingers, it is easy to detect fluctuation in the pregnant uterus. He has himself made out a diagnosis of pregnancy as early as the seventh week, and experiences no difficulty whatever in making it out after the second month. The uterus must be steadied by a hand grasping it through the abdominal walls, while two fingers introduced into the vagina manipulate the uterus. As a rule, the uterus will be found to be anteverted—a position which renders bimanual manipulation all the easier. The fluctuation is best detected at the fundus. Dr. Rasch thinks, also, that sufficient attention has not been paid to the increased desire to pass urine, especially at night, which is not infrequently one of the earliest symptoms of pregnancy.—*Virginia Medical Monthly*.

Ether as an Anthelmintic.

Prof. Vogel announces a new application of this anæsthetic, namely, the destruction of tape-worms. The ether is enclosed in a gelatine capsule and swallowed. It soon becomes vaporized in the stomach (?), and the worm, then becoming stupefied, is easily removed by any of the usual remedies, against which, when awake, it offers strong resistance.—*Journ. Applied Chemistry*.

Chloroform-Tippling.

Dr. W. W. Parker related, at the last meeting of the Virginia State Medical Society, the case of a man named Johnson, a

blacksmith, who became addicted to chloroform tipping. How much in quantity he swallowed is not stated, but he bought and drank three thousand dollars' worth in three years! His mind then became affected, and he imagined himself tricked. Meanwhile he fattened fifty pounds, and on ceasing the habit lived fifteen years in good health, and died from natural causes.—*New Remedies*, January, 1874.

Poisoning by Chloral.

In Berlin, a man who had attempted to commit suicide by taking a large dose of chloral (370 grains), was cured by the injection of 1-25th of a grain of strychnia, which was repeated in a short time. When the first dose was taken, collapse had already set in.—*New Remedies*, Jan., 1873.

Bismuth in Skin Disease.

To alleviate the intense itching and irritation which accompanies chronic eczema and other forms of skin disease, apply an ointment, containing half a drachm of sub-nitrate of bismuth to an ounce of simple ointment, rubbed up with a little spirits of wine.—*St. Louis Med. and Surg. Jour.*, March, 1875.

Treatment of Hemorrhoids.

Dr. William Colles (*Dublin Jour. Sci.*) having under his care a severe case of "bleeding piles," where all former treatment, including applications of fuming nitric acid, had been of no avail, concluded to try injections of perchloride of iron. For this purpose twenty minims of the ordinary tincture were injected into each mass by means of a hypodermic syringe. The injection caused less pain than the nitric acid, and one administration sufficed to remove the hemorrhoids completely.—*Med. Mirror*.

Lime Glycerine for Burns.

R Oxidi Calc gr. iij.
Glycerine gr. el.
Sp. Æther Chlor..... gr. iij. M.

Charpie is dipped in the mixture and placed over the burned surface; it is then covered with a thin sheet of gutta-percha, and then a layer of charpie is added, the whole being surrounded with a loose bandage. It is very important that the charpie should be closely applied to the entire burned surface. The pain ceases almost instantly, and the sore heals very rapidly.—*St. Louis Med. and Surg. Jour.*, March, 1875.

Editorial.

On the Anxious Seat, or in the Right Frame of Mind for Conversion.

Not long since while riding in a rail way coach, I shared my seat with a fine looking young man who after a few words of conversation, I found to be like myself, a medical practitioner. He asked of what School I was, and upon answering him, Allopathy, that is mine also, he replied, but said he, whenever I leave my present location, which will be in a few months, as I have already staid longer in B. than any other place I have stopped in before, I shall, he continued, upon locating in a new place, practice Homeopathy! Wherefore? I enquired—already beginning to feel contempt towards my new-formed acquaintance—Why sir, he answered me, the “Homœopathists” makes the most money and medicine is a humbug, anyhow. At this moment the conductor called out the station of B., and my fellow traveler suddenly left me, much to my dissatisfaction, as I wished for a longer conversation with him, as I am satisfied that he was very poorly read, and he was certainly too youthful to have had a very extensive practice, but that he possessed all the natural qualifications for a successful Homœopathic practitioner, cannot I think be doubted, from his own candid admission. And now a few words in connection with this story. Are not some of our older members in the profession, in a measure responsible for some erroneous ideas that are entertained by some of the younger brethren? For instance, not long since at one of our State Society Meetings, a visitor from Mass., a man high in the profession, and a physician of extensive practice, in the course of some remarks on fever, said, “the great key to success in the treatment of fevers, is to leave the patient alone, leave them more to themselves.” And I ask, might not these words strike deep into the mind of some young physician present, and thereby be the means of his neglecting the golden opportunity of leaving his patient alone, more to himself, as the speaker said, until the slender thread is snapped, and it be too late forever. That the honored physician from Mass., meant well in his remarks, cannot be doubted, but would it not be better to say to the young physician, “watch and closely watch, your cases of fever, and be ready at any moment to treat any untoward symptoms that may arise,” than to say to him “leave your cases of fever alone, leave them more to themselves.” I for one think this would be the best advice.

A. E. HULL, M. D., Berlin, N. Y.

Brooklyn Journal of Education.

We find on our table the first number of “*The Brooklyn Journal of Education*,” a new periodical, devoted to Educational Interests, Science,

Literature and Art. If this number be an indication of its successors, it will meet a need greatly felt. The original communications are marked by ability and research—the selections made with taste and judgment and its typographical execution faultless. We heartily welcome it to the field of journalism, and wish it all possible success.

ELIXIR IODO-BROMIDE CALCIUM COMPOUND.

Swelling and Ulceration of the Glands of the Neck.

Extract from letter of FRANCIS J. McNEILL, C. B., Manhattan Academy, New York City. For two years I suffered greatly from swelling and ulceration of the glands of the neck, two of which were discharging freely, characteristic scrofulous pus; and I became thereby so debilitated that I was totally incapable of performing any duty.

After being under the medical care of some of the most eminent Physicians, both in this City and Philadelphia, with little or no benefit, I was induced, as a dernier resort, in the latter part of October, '74, to place myself under the able treatment of Dr. PAINE of St. Elizabeth's Hospital, and the result has been most gratifying.

Having carefully examined the affected parts, he gave me a bottle of the "Elixir Iodo Bromide Calcium Comp." a teaspoonful of which in half a wine-glassful of water, was to be taken before each meal.

For the first few days there was little apparent change, but after that, the sores began to improve gradually and are now entirely healed.

My general health has been so much improved by the constant use of the "Elixir" that I am now able to attend my business regularly.

I still continue the "Elixir" as a precautionary measure.

Scrofula and Skin Diseases.

Extract from letter of H. W. CARPENTER, M. D., Oneida, N. Y.

"I have used the Elixir Iodo-Bromide of Calcium Comp., with marked benefit in a large number of blood and skin diseases. I consider it valuable in cases of scrofula."

Scrofulous Eruption.

Extract from letter of D. A. ELLIOTT, M. D., Knightsville, Ind., March 17th, 1875. "I have been using the Elixir Iodo-Bromide of Calcium Comp., in my practice, in cases of Scrofulous Eruption, and Syphilis of long standing, and better results have followed its use than of any remedy I am acquainted with. A gentleman called upon me, whose wife was of a scrofulous diathesis. He expressed great anxiety in regard to her, as sores had appeared on her face, from which several bones had been taken, and she was so debilitated as to be confined to her bed. I prescribed the "Elixir Iodo" in teaspoonful doses, three times a day. She has been using it

for two months, and has made such rapid improvement, as to be up nearly all day, and to attend to many of her household duties. I am satisfied it is the best remedy I can use for purifying the blood, scrofula, rheumatism, and all diseases of a scrofulous tendency."

BROMO-CHLORALUM.

Diphtheria and Scarlet Fever.

Extract from letter of G. W. BUTLER, M. D., Columbus, Ohio. "I wish to make the profession acquainted with the success which has attended the use of the Bromo-Chloralum, in my Scarlet Fever and Diphtheria cases. I have had about forty cases of Scarlet Fever of a malignant type, which I have treated with the Bromo-Chloralum giving it internally—five or ten drops in a teaspoonful of water—and also as a gargle for the throat. I am happy to state that in every case I have effected a cure. In Diphtheria I think Bromo-Chloralum has no equal."

Diphtheria.

HORACE HULBERT, M. D., Norwich, N. Y., March 18th, 1875. "In a case of Diphtheria where the breath of the patient was very offensive, I put a few drops of the Bromo-Chloralum in a glass of water and had the patient rinse the mouth and throat as well as he could, and also swallow a teaspoonful every two or three hours. In six hours time that terrible odor had gone, and by continuing its use, did not return. I have not had any cases that were as severe since; but have used the "Bromo" in a number of cases of Sore Throat, with good results.

My experience with it leads me to state that I have more confidence in it in bad cases of Diphtheria, than in any other remedy."

Disinfectant in Small-Pox.

Extract from letter of E. S. MUNFORD, M. D., office of the *Bureau of Vital Statistics*, Syracuse, N. Y.

"Allow me to express my admiration of Bromo-Chloralum as a disinfectant in Small-Pox. I have used it quite extensively this season, and with the utmost satisfaction. It destroys all unpleasant odors and makes the room delightfully pleasant, in comparison with Carbolic Acid; or any other disinfectant that I have used."

Typhoid Fever and Scarlatina,

Extract from letter of H. W. CARPENTER, M. D., Oneida, N. Y. "I recommend the Bromo-Chloralum in the sick room; especially in cases of Typhoid Fever or Scarlatina, where its deodorizing effects are greatly appreciated by the patient."

Correspondents will oblige by writing plainly their names, Town, County and State. We are frequently unable to answer letters because these are omitted.

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Communications.

CONVOLVULUS SCAMMONIA.

Scammony.

BY JOSEPH BATES, M. D.

NATURAL ORDER.—Convolvulacæ.

In the *Linnean*, or *Artificial* system, this plant will be found in Class Pentandria, and in Order Monogynia.

GENERIC CHARACTER.—Calyx 5-parted, with or without 2 bracts; corol funnel-form, plaited; stigma 2-cleft or double; cells of the capsule two or three; each one or two seeded.

SPECIFIC CHARACTER.—Leaves sagittate, truncate behind; peduncles round, bearing about three flowers; corolla pale yellow. The roots are three or four feet long, and from nine to twelve inches in circumference, covered with a light-grey bark, tapering, branched at bottom, and containing a milky juice.

HABITAT.—PEREIRA's *Materia Medica and Therapeutics*, by WOOD, remarks as follows:—"The scammony plant grows wild in all parts of Anatolia, as well as in Syria, and in some of the Greek and Turkish Islands of the Archipelago. Sochia, or the district of the River Meander, produces a large quantity; but Kirkagatch and Demirgik, in the plain of Mysia, furnish the largest quantity

of all. It is found in mountainous districts, in the plains, and in the open ground, flourishing most luxuriantly among the Juniper, Arbutus, and wild Valinia bushes, which afford shelter and support to its branches. The yellow-flowered variety is the most abundant."

MEDICAL PROPERTIES.—Powerful and drastic purgative.

COLLECTION AND PREPARATION.—PEREIRA states:—"Scammony is collected from the roots, without any regard to the color of the flower. The only perceptible difference in quality is to be ascribed to the soil. The scammony which has the strongest odor is that produced in mountainous districts, and on a poor soil; rich soils and marshy ground produce a scammony-juice containing a larger proportion of water, which when dry, forms a scammony of a greyish-black color, and of less specific gravity. The method of procuring scammony is, according to Mr. MALTASS (*Pharm. Jour.* vol. 13, p. 264), as follows: During the summer months, when the plant is in flower, the Greek and Turkish peasants, having cleared away the bushes which shelter it, remove the earth from the root to the depth of three or four inches. The root is then cut through in a slanting direction, with a sickle-shaped knife, at the distance of about one inch to one inch and a half below the crown; a mussel-shell is immediately stuck into the root, under the lower part, and the sap or milk runs into it. A stone is then placed to windward of the root, to protect the shell from the loose earth and dust which might be otherwise blown into it by the high winds prevalent during summer. The sap flows freely early in the morning and late in the evening, but ceases during the hottest part of the day. One plant will not generally fill a shell; but it sometimes happens that a good root will fill two or three shells. The quantity afforded by one root varies according to size, position and age. In some districts one hundred roots produce but 600 grains of scammony; in others the average of each root is 60 grains; and in a good soil a four-year plant will produce 120 grains. A root four inches in diameter has been known to produce as much as 720 grains; but those cut by Mr. MALTASS himself did not produce above 60 grains, and some afforded none at all. The shells are usually left till the evening, when they are collected, and the cut part of the root is scraped with a knife to remove the dry, or partially dry drops of scammony which adhere to it. The peasants then empty the shells (from which they carefully blow the dust) into copper vessels, and work up the drops scraped from the roots together with the contents

of the shells. This is done with a knife, and continued until the whole is so well mixed that it forms a string when run off the knife. This is the *pure Lachryma Scammony*. The scammony brought to market by the Greek peasants is almost the only pure sort that can be obtained. It does not exceed seven hundred weight yearly. When purchased, it is placed in a room having the windows open, to allow the wind to blow over it; care being taken to prevent the rays of the sun from striking upon it. Here it is spread upon sheep-skins, and turned occasionally to prevent it becoming mouldy underneath. When nearly dry, it is broken into irregular pieces, and allowed to remain a few days longer, until quite dry; it is then shipped in small cases containing about thirty pounds each." DIOSCORIDES gives a similar account relative to collecting and preparing scammony. There are several varieties of scammony in market, differing very much in quality, some of which is nearly worthless, and evidently factitious. In his history of this drug, Dr. Stillé observes:—"It has been questioned whether the scammony of Greek physicians was the same as our own. Dr. ADAMS says that without doubt it was. They employed it in febrile as well as non-febrile affections, when the stools were bilious, &c. Pliny describes it as a cholagogue, alludes to its griping operation and recommends its combination with aloes. Celsus speaks of it as a remedy for tape-worm. DIOSCORIDES states that it purges mucus and bile; that to increase its action black hellebore may be associated with it; that boiled in vinegar and mixed with barley flour, it forms a useful poultice in sciatica; that a tampon saturated with its juice destroys the foetus in utero; and that prepared with vinegar it is used as a local application in cutaneous diseases. HOBBAISCH speaks of its causing borborygmi, colic, and excoriation of the bowels, to which a later Arabian writer adds cold sweats, syncope, and sometime even death. Others of the early writers, and in particular MESUE, dwell upon the irritating properties of the medicine, and the danger of its causing super-purgation, which they advise to guard against by associating with it gums, mucilage, &c."

ACTION.—On Animals.—The effect of this drug upon animals, has not been sufficiently investigated to settle the character of its action. The results of experiments in this field of observation are not only limited, but conflicting. ORFILA's experiments, with this agent upon dogs, were satisfactory to himself, that it acted as a purge, and that, in consequence of the administration of the drug,

the animals died in the course of six or seven days. According to the experiments of OLLIVIER, the resin of scammony is nearly innoxious when given to dogs; unless it is given in very large doses; and, then it inflames the alimentary canal, but causes no evacuations.

ON MAN.—WILLEMIN is quoted by Stillé, as having observed the effects of one hundred and thirteen doses of scammony, and of fifty-one of its resin, prescribed by RAYER. The quantity of the former in each dose varied from five to twenty grains. In doses of from three to eight grains the effect was slight; averaging two stools. Doses of from fifteen to twenty grains occasioned no more. They are represented as seldom giving rise to colicky pains. The resin was administered in doses of from four to twenty grains. This is represented as being more uncertain in its action than the gum resin, and, all things considered, was evidently less active than the latter, unless it was very finely divided by trituration or solution. "In that case (I quote from Stillé) eight grains of the resin appeared to have about the same effect as fifteen of scammony. Beyond the dose of fifteen grains, the effects of both preparations were very nearly the same. In the time required for it to operate, in the character and number of the stools, the colicky pains produced, and the diminution of the effect when doses of more than fifteen grains were given, scammony displays a very close analogy to jalap. It is more apt than the latter to produce heat of the rectum, and tenesmus. As scammony is nearly insipid, it is administered more readily than jalap to children and squeamish persons."

The resin is to be preferred, as it acts with certainty and uniformity, and the scammony of commerce is always more or less impure. Scammony occasionally causes severe griping; but this may in a great measure be obviated by reducing it to a fine powder, and giving it in conjunction with the sulphate of potash. The operation of scammony, observes Dr. NEVINS, as quoted by WARING, is chiefly irritant, and affects the whole of the bowels; on this account, it acts most efficiently when there is a deficiency of intestinal mucus, indicated by hard, dry faecal evacuations, in which case, however, it is very liable to gripe, an effect which may be diminished by the means described above. When there is copious mucous secretion, it has less efficacy, and is, therefore, not so well adapted as a purgative to remove intestinal worms as Gamboge or Colocynth. It is stated by Dr. CHRISTISON never to become poisonous in an overdose. Pulvis Scammonii Co., is a good

form for internal use, and is particularly adapted for children. (WARING). Dr. BIDDLE observes, relative to this drug:—"Scammony is an energetic hydragogue cathartic, operating sometimes with great violence, and seldom given except in combination with other cathartics. Dose, gr. v. to gr. xv. of the pure drug, gr. x. to gr. xxx, of the drug of the shops; of *resin* (made by digesting six troy ounces of scammony with successive portions of alcohol until exhausted, mixing the tinctures, afterwards reducing the mixture to a syrupy consistence by distilling off the alcohol, and then precipitating with a pint of water), gr. iv to gr. viii. This is much used in the form of *compound extract of colocynth*.

THERAPEUTIC EMPLOYMENT.

Dropsy.—Purgatives are very generally applicable in dropsies. (Copland.) Dr. WARING states:—*In Dropsy and Dropsical Affections*, Scammony is sometimes advantageously exhibited as a hydragogue cathartic, and may be given in combination with the Bi-tartrate or Acetate of Potash. He adds: It is however, inferior in efficacy to Elaterium, Croton Oil or Gamboge. PÉREIRA observes:—"It may be employed to open the bowels in constipation; to expel worms, especially in children; to act as a hydragogue purgative, on the principle of counter-irritation, as in affections of the head and dropsies; and for any other purpose for which an active cathartic may be required." Dr. Stillé remarks that scammony is not unfrequently associated with calomel, which renders the discharges very copious, and, it is supposed, tends to unload the portal circulation, and relieve the abdominal organs from congestion.

Cerebral Affections.—Dr. WARING observes:—*In Cerebral Affections*, it proves useful not only as a purgative, but as a revulsive and derivative.

Mania.—Dr. A. T. THOMPSON considers that this agent is well adapted to maniacal cases for removing the scybala which often accumulate and remain for a long time in the cells of the colon.

Worms.—Against Lumbrici and Ascarides Vermiculares, the Compound Scammony powder, in combination with Calomel, acts with certainty and rapidity. It may be safely administered to children in doses of gr. viij to x, and to infants in doses of gr. iij to v. (Waring,)

ADMINISTRATION.—The ordinary dose of Virgin Scammony for an adult, is from ten to fifteen grains. Its irritant and griping

qualities are said to be diminished, or obviated by reducing it to a very fine powder, and giving it in conjunction with the Sulphate of Potash.

Some advise making it into an emulsion with milk, almonds, mucilage, or other demulcents, and to be sweetened.

Scammony is used in making the compound pill of colocynth; also pill of colocynth and hyoscyamus.

The Pulvis Scammonii Compositus (Scammony oz. iv; Jalap oz. iii; Ginger, oz. j.) Dose, gr. vj. to gr. xx.

WARM INJECTIONS IN UTERINE HÆMORRHAGES.

The success of an American physician induced Dr. Windelban, of Berlin, (*Allg. Med. Central-Zeitung*) to make use of hot injections in a case of dangerous hemorrhage in an abortion, and in which case the midwife in attendance had already resorted to ergot and cold injections without at all checking the loss of blood. The effect was immediate, and was all that could be desired. Within a few seconds after the entrance of the hot water, such energetic contractions of the womb came on, that the fœtus, which had just presented at the os, but which was almost beyond reach, was, together with the secundines, expelled within a quarter of an hour. Encouraged by the energetic excitation of the uterine muscular tissue, the injections were repeated during the following days, whenever any signs of recurrence of the hemorrhage manifested themselves; they were continued until the normal inversion of the uterus had been accomplished, but the temperature of the water was gradually lowered until lukewarm water was used. The author has employed the warm injections with the very best results, not only in 11 abortions, but in all kinds of uterine hemorrhages, in 2 cases of profuse hemorrhage accompanying placenta prævia. in that caused by fibroids and other tumors in the cavity and in the walls of the uterus, in carcinoma of that organ, in hemorrhage from the empty and relaxed uterus after parturition, in profuse menstruation, in short, in all cases of uterine hemorrhage which came under his care during the past year. The injections were always practised by means of the simple uterine douche, after the manner of irrigation, the water being of a temperature of 34°-38°C (92°-100° Fahr.); no ill effects, but on the contrary, the greatest advantage was always observed after their use.—*Atlanta Medical and Surgical Journal*, April, 1875.

DIPHTHERIA.

We will assuredly take some interest in what Dr. DAVIS has to say of diphtheria which is now so prevalent throughout our country. He states to his class that from what has been detailed in former clinics, that "it is rendered probable that the sulphurous acid salts will be found more efficacious in the treatment of all the diseases dependent on blood poisoning," and he refers of course to quinia, iron and pure air. As was stated in the review of Ziemssen's *Cyclopedia*, we have ourselves devised an extemporaneous formula, which has been employed by us and others, in this city and elsewhere, who are influenced by our advice, and which we think from its composition (consisting of substances used by every one) is very likely to be beneficial as a preventive. It has apparently proved so, as no one in many families who have employed it has taken the disease, though in two cases there were slight sore throats. It is otherwise a good tonic, and there can be no possible objection to its administration even to children in good health who are exposed to diphtheria:

R Chlorate of Potash.....	3 i-ii.
Mur, Tinct. Iron.....	3 i-iii.
Hypsulphite of Soda.....	3 i
Quinine.....	grs. xx.
Water.....	℥ vii.

A teaspoon to dessert-spoonful three or four times a day.

Dr. Davis believes that in this disease such remedies as aid in restoring a healthy activity to the organs of excretion are often indicated, both to prevent the accumulation of excrementitious matter, (which he thinks likely to occur in this disease,) and for facilitating the elimination of any poison that may have been imbibed as the cause of the disease. Hence he adds: "Mercurial alteratives, aided by mild diaphoretics and diuretics, will fulfill this indication more promptly and efficiently than any other means." We will copy in full what he further says:

"The means designed to aid, locally, in combating whatever local inflammations exist, must vary according to the extent, intensity, and stage of the inflammation in each case. In the early stage, the external application to the swollen lymphatic glands of the neck should be anodyne and discutient, such as an infusion of aconite leaves, with muriate of ammonia dissolved in it. In the more advanced stage, when the glands remain indurated and swollen,

stimulating liniments may be used, such as a combination of olive-oil, oil of turpentine, and chloroform; or a mixture of camphorated soap liniment and tincture of iodine. To the inflamed surface of the fauces and tonsils, in the first stage, the local application should be of a decidedly soothing character. All cauterizing or irritating applications in this stage, I am satisfied from close observation at the bedside, positively do more harm than good. In the latter stages, when unhealthy ulcerations or gangrene actually exist, the local applications should be antiseptic and moderately stimulant. For the first stage I generally use nothing for the interior of the throat but the following:

R Potass. Chlor.....	3 i.
Acid, Hydrochl.....	20 gtt.
Tinct. Belladonnæ	3 i.
Aquæ	3 iii.

M.—Give from half a teaspoonful to a dessert-spoonful every two hours, without further dilution.

“The application is made much more complete and easy by swallowing it, than by any process of swabbing or sponging; while the introduction of the medicine into the system constitutes one of the best means for fulfilling the first indication in the general treatment. In the latter stages, the best local application is a dilute solution of chlorate of potassa and tincture of chloride of iron. Occasionally, an ulcerated surface may be presented, of that foul character that the direct application of a strong solution of sulphate of copper, or of iodine, or of persulphate of iron, a few times, would be beneficial. But, in my own practice, I have not found it necessary to apply anything with a swab or sponge to the throat of a diphtheritic patient during the last four years.”

In a case of diphtheria in a man confessedly anæmic, he gives the following prescription:

Potass. Chlorat.....	3 iss.
Acid Hydrochloric.....	gtts. xx.
Tinct. Bellad.....	3 iii.
Aquæ.....	3 iv.

M.—One teaspoonful every two hours.

R Quinia Sulph.....	grs. xvi.
Pulv. Doveri.....	℥ii.
Hyd. Chlorid. Mit.....	grs. viii.
M. Fiant. Pulv.....	viii.

M.—One every six hours.

At the same time the swollen lymphatic glands behind the angles of the jaw were covered with a cloth wet with the following infusion:

℞ Aconiti fol. $\frac{3}{4}$ i.
 Ammon. Hydrochlor. $\frac{3}{4}$ ss.

M.—Pour on one quart of boiling water and use only slightly warm.

He also gives tincture of the chloride of iron, and employs soap liniment and tincture of iodine combined as an external application.

In cases of *bronchitis*, with an asthmatic complication, Dr. Davis, having previously administered pulv. opii. two grains, and tart. of antimony and potsss. one-fourth grain, each morning, noon and evening, makes a prescription of the following character:

℞ Tinct. Cimicifugæ $\frac{3}{4}$ iss.
 Tinct. Lobeliæ $\frac{3}{4}$ ss.
 Tinct. Opii Camph $\frac{3}{4}$ ii.

A teaspoonful before each meal and at bed time.—From a paper by NATHAN S. DAVIS, A. M., M. D., Professor of Principles and Practice of Medicine and Clinical Medicine in *Chicago Medical College*.

ON THE TREATMENT OF FRACTURES.

BY DR. SCHWAB, OF WURZBURG.

The physician, when called upon to treat a fracture, either of the upper or lower extremity, is occasionally embarrassed in the selection of his mode of bandaging or dressing; not only on account of the multiplicity of these modes, but also because the necessary articles are frequently not at hand or not easily obtainable.

I take the liberty, therefore, of calling the attention of my professional brethren to an article at once simple, yet effective, which is always to be found in every household. The same method may have been made use of by others, but I do not recollect ever seeing it mentioned in any surgical work.

The "plaster of Paris bandage" has, it is true, stood well the test of experience in the treatment of fracture, but the necessary articles are unfortunately not always at hand, and frequently difficult to obtain.

I have found albumen, as in the white of egg, to answer equally as well as the plaster of Paris; and as eggs are to be found in nearly every house, it is always at command when needed.

In addition to the whites of six to eight eggs, there will be needed an old linen sheet from which a bandage of scultetus can be cut, a piece of pasteboard, which is always at hand in the cover of an old book, and a roller bandage from three to four yards in length.

The bandage of scultetus and pasteboard are first saturated with the albumen and the bandage carefully applied, allowing the edges to slightly overlap. This bandage should reach to the joints above and below the fracture. The pasteboard is then smoothly adjusted to the part and secured with the roller. The limb is kept in proper position by means of small bran-bags or cushions of straw.

I have used this method exclusively for twelve years, in the treatment of all fractures of the extremities, with complete success. *No shortening* or other deformity ever followed.

In fractures complicated by superficial or deep wounds, an opening is cut through the pasteboard and bandage, to permit free access to the wound.

In cases where swelling had taken place in the injured limb I have applied this bandage, and frequently found the swelling to completely disappear on the second or third day. The bandage and splint are then taken off and reapplied.

Whether it be a delusion or not, I believe to have discovered that with this bandage the fracture unites, and mobility of the joint returns, much earlier than with any other dressing. This result I ascribe principally to the curative action of the albumen.

In comminuted fractures, also, I have not hesitated to apply this bandage, even though the splintered portions of bone could not be brought in coaptation.

As the dressing dries in a few hours, the transfer of the patient on the day of the injury is rendered practicable; in time of war this is of great importance and advantage, as it is frequently necessary to evacuate a field hospital on very short notice.

The following points, as demonstrating the superiority of this over any other method of treatment, are presented for consideration:

1. The ease and rapidity with which the article needed can be obtained.
2. The ease of application, and rapid drying of the bandage.
3. The early abatement of the pain.
4. The more rapid recovery, and consequently the earlier use of the fractured limb.—*Cincinnati Med. News*, March, 1875.

CHELONE GLABRA.*Balmomy.*

BY I. J. M. GOSS, M. D., L. L. D.,

Professor of *Materia Medica* in the College of American Medicine, Macon, Ga.

Chelone Glabra has not been as thoroughly tested by physicians as it deserves. Its specific tendency is to the mucous surface of the gastro-intestinal surface. Its affinity, in other words, is for the bowels. We can easily trace this agent through all its medical impressions upon the living tissues. This article, when introduced into the stomach, in its normal state, in proper doses given every two or three hours, produces a warm and pungent feeling, which, if the dose be increased, is followed by nausea, and even by vomiting, if the dose be very large. The Chelonin given in dram doses, produces vomiting and purging. But the tincture given in dram doses or the Chelonin, given in one-half to one grain doses, three times a day, increases the appetite, and energises the digestive powers of the stomach, without nausea or vomiting. Hence, we infer that vomiting and purging are its toxical effects, but its medical effects are tonic. In disease, *Chelone Glabra*, like many other remedies, exerts a more marked impression on the system than in health.

In cases where the powers of the stomach are impaired from any cause, *Chelone Glabra* manifests a most specific action upon the stomach, and will restore the digestive powers most promptly. In those cases of dyspepsia, dependent upon muscular debility of the stomach, and deficiency of gastric fluid, *Chelone Glabra*, or Chelonin acts with great promptitude and certainty. In all those cases, termed biliousness, which are generally nothing but indigestion, either from muscular debility or deficiency of gastric fluid. Chelonin or tincture of *Chelone Glabra*, given in proper quantity, soon restores the stomach to its wanted tone. In that state of prostration of the digestive powers following fevers, or other debilitating diseases, *Chelone Glabra* is well adapted to quickly restore the stomach to its normal powers. Hence, in convalescence, this is a prompt and mild tonic, restoring digestion and assimilation promptly. In fact, no tonic acts more mildly and certainly than *Chelone Glabra* in such cases. In affections, such as phthisis, scrofula, and other diseases caused by or associated with depraved nutrition and feeble digestion, this article will be found

of eminent service. It may be combined with Iron and Cod-Liver Oil. It is often the case that the Cod-Liver Oil is given where the feeble powers of the stomach can not decompose its globules, so as to be absorbed, consequently it does not perform its office. In such cases it should be associated with balmony, either the tincture, or the Chelonin. In diabetes, Chelone Glabra, given in combination with helonin, will be found to lessen the amount of urine, and to lessen the quantity of sugar in the urine, and hence, to lessen the waste of the body; and these remedies continued, will often arrest the disease. Chelone Glabra, or the Chelonin is also a very active anthelmintic. For that purpose it may be combined with Santonin or Spigelia. In such cases, it not only expels the worms, but removes that debility that is generally associated with those parasites.

PHYTOLACCA DECANDRA AND ITS USE IN MAMMITIS.

Read before the Northwestern Ohio Medical Association, at its semi-annual session at Forest, Hardin Co., Ohio, Dec., 3d, 1874.

BY F. W. FIRMAN, M. D., OF FINDLAY, HANCOCK CO., O.

We have growing all around us, in the fence corners of almost every field, and, along the borders of our forests, a very valuable remedy, which I believe has been too much neglected. Passing by this plant, which is so common and easy of access, we have tried in vain to find equal virtue in plants that are rare and difficult to obtain. Perhaps, had *Phytolacca Decandra* been a native of South America, or found only upon some barren rock in mid-ocean, some daring cunduranguist, with governmental aid to back him, might by its discovery and sale, have gained notoriety and riches.

Phytolacca Decandra, commonly called Poke, or Garget, is indigenous to North America. It is also found growing spontaneously in Northern Africa and in Southern Europe. The root, leaves and berries are used medicinally, but the most convenient form for general use internally is the fluid extract of the root. For external use the solid extract is the best.

It is described in the United States Dispensatory, as being, "emetic, cathartic, and somewhat narcotic." Its alterative properties are barely hinted at, but its power as an antiphlogistic is not mentioned. It is chiefly to its antiphlogistic, and I might

say almost specific properties, as displayed in the treatment of mammitis, that I desire to call your attention to day. Mammitis has been regarded as the opprobrium of medicine, so little success having attended the treatment of this painful and aggravating affection. The great majority of cases, notwithstanding our greatest efforts to abort them, will suppurate, and the exquisitely sensitive mammæ have been the seat of untold torture to the interesting patient, and the greatest anxiety to the sympathizing yet powerless physician. Anything which promises relief should be eagerly sought after, and unremittingly applied. A specific in mammitis will be accepted with the most profound gratitude by the suffering patient.

In the *American Journal of Medical Sciences*, for January, 1873, page 275, Dr. G. W. Biggers, of La Grande, Oregon, reports three cases of mammitis cured by the *phytolacca decandra*, and says that he has used the remedy in many other cases, and "it has never yet failed in a single case." In the *Clinic* for November 9th, 1875, vol. v. No. 22, page 254, Dr. C. H. Tidd, of Middleport, Ohio, calls attention to the fact that Dr. J. C. Bishop had seemingly aborted four cases of mammary abscess by the employment of this remedy.

The plant has long been favorably known as a remedy for garget, "an inflammation in the udders of cows." It is from its use in this disease, that one of its most familiar names is derived; or perhaps the converse of this is true. During the past year I have tested its virtues in several cases, and can bear witness to its beneficial effects. Indeed, so much confidence have I in its efficacy in mammitis, that I believe no case should be allowed to pass without giving the poke a thorough trial, for in no case yet tried by me has it failed to give perfect relief.

I do not propose to consume your time by presenting a long array of cases, but will give the history of a single case, typical of the rest, wherein its effect was singularly and peculiarly beneficial.

Mrs. R., aged about forty; is the mother of five children, and was delivered of the last on Monday morning, February 8th, 1874. The labor was a rapid and comparatively easy one, nothing unusual occurring during its progress. Following the last three previous labors, she has suffered with mammary inflammation of both breasts, suppuration occurring each time, and lasting for several consecutive weeks, accompanied by all the horrible suffering, attendant upon such cases. She very naturally fears a repetition

of the trouble, and entreats me to try and do something to save her from again enduring, as she expresses it, "torments worse dreaded than death."

An examination showed the mammæ already somewhat enlarged and tender. Numerous cicatrices, marks of former inflammatory action, were observed on both glands. Also a peculiarity of the case, viz., the absence of any protruding nipple. An ointment of camphor and lard was applied, and the breasts were enveloped in heavy silk. The child was put to the breast, but could get no milk, on account of the absence of the nipple, referred to above.

February 9th. Mammæ increasing in size and becoming harder and more tender. The trouble is evidently brewing, for the lacteal ducts are becoming occluded, from the local congestion which precedes acute inflammatory action. Ordered an ointment composed of camphor, belladonna and lard, to be used thoroughly, and the breasts to be emptied every six or eight hours, by the use of the pump.

February 10th. Mammæ swollen to twice their original size, very much hardened and exceedingly tender. The use of the breast pump causes severe pain, and but little milk is obtained. Continued the ointment and gave a brisk cathartic. Also gave fluid ext. veratrum viride, three drops every four hours.

February 11th. Mammæ swollen to an enormous size, red and congested; patient can hardly bear to have them touched; she complains of throbbing pains. The breast pump is used with great difficulty and without result; has had a severe chill, and now has rigors and fever; the bowels have operated freely; the patient is discouraged, and thinks the breasts will suppurate; wishes the treatment discontinued, as it is of no avail. I, too, was disheartened; my sympathies were thoroughly aroused, and my anxiety intense to save the patient from the suffering consequent upon the suppurative process, and my efforts had been exerted accordingly. What was to be done? It was in this state of mind that I went back to our office and related the case, its treatment and progress, to my partner, Dr. Hurd, asking if he could suggest anything more which would be likely to do good. After a moment's thought, he referred me to the cases reported in the *American Journal of Medical Sciences*, mentioned above. Obtaining an ounce of the fluid ext. of poke root, I returned to my patient and gave her twenty drops, ordering a repetition of the dose every four hours. The same local applications as before were continued.

February 12th. Mammæ in about the same condition as yesterday, except that the breast pump causes less pain, and by its use about one half ounce of milk is obtained from each breast. The general symptoms are much improved; continued treatment.

February 14th. Mammæ very much reduced in size and quite soft; milk drawn easily and without pain; patient eats well, sleeps well, feels comfortable, and is running over with expressions of gratitude; discontinued the ointment, and reduced the dose of the poke root to fifteen drops three times daily.

February 15th. Mammæ soft in every part; milk comes easily and looks natural; the inflammatory action is perfectly and completely reduced. Success is ours, and we dismissed the patient feeling happy.

In reviewing this case it will be noticed that the inflammatory action increased rapidly up to the time the poke root was commenced, and that within twelve hours thereafter notable improvement was manifest, which continued without interruption until the fourth day, when she was convalescent. Let it be remembered that this is only one of several cases treated with the *phytolacca decandra*, but it was my first case so treated. Since then, if the slightest symptoms of inflammatory action occur, I immediately resort to full doses of twenty drops, every four hours, and have yet to find a case wherein success has not followed.—*Med. and Surgical Reporter*, Jan., 1875.

IODOFORM.

BY F. K. BAILEY, M. D., KNOXVILLE, TENN.

In a short paper upon the subject of dysmenorrhœa, in the *REPORTER* for Dec. 10th, 1870, I alluded to the use of iodoform in one or two cases of painful menstruation. Since that time I have seen but little notice of the article having been used internally. I have used it in some cases since 1870, with satisfactory results. Made into a pill containing one grain, with extract taraxacum, and given at each meal for a week before the expected period, it will greatly modify the distress which commences twenty-four hours before the menstrual show. It is found to produce a soothing effect, and to obviate a tendency to insomnia. I have never prescribed it internally for any other affection, but presume it will be found to possess an alterative effect. To insure a permanent good result, it

should be given faithfully and systematically for months, and if it is found of benefit, I would advise its use for years.

Painful menstruation has been the bane of female existence from time immemorial. Some claim that they never feel pain to any degree of severity, while others say that in their girl life they suffered more in menstruating, than in subsequent years in childbirth.

Much depends, however, upon the condition of the alimentary canal, in our efforts to prevent or relieve distress at the menstrual period, and each case requires careful scrutiny. It is not always that we can arrive at a certainty in regard to the true condition of the intestinal tube. There is an astonishing want of attention to the matter of elimination, which is second to assimilation in the animal economy.

The combination of iodoform with some laxative will be of benefit, for we seldom meet with a subject of dysmenorrhœa who is not constipated. It is only in anæmic cases that Iron need be combined.

I have often applied this substance to ulcerated surfaces, both simple and specific. In balanitic sores, both chancreous and otherwise, it is a soothing application, to precede caustics, as well as to follow their use. It can be made into a cerate, but I oftener put the dry powder to the part, to be dissolved by the secretions. From, perhaps, a limited use of the article, I am favorably impressed with its effects, given internally, and I intend to closely observe them in the future.

The late Dr. Moses, of this city, used iodoform quite extensively as a local application in ulcerations of the os and cervix uteri, both dry and made into a cerate with cocoa butter. I do not think its use is very general in the profession as an internal remedy—*Med. and Surg. Reporter*, January, 1875.

ON DIPHTHERIA.

The London *Medical Times and Gazette*, quoting from Italian sources about an epidemic of diphtheria at Milan, says:—

The following are the conclusions which are drawn from a comparison of the reports of the various health officers of the communes which were attacked by the disease:—1. All the practitioners of the province who have had to treat patients suffering from diphtheria are of opinion that the disease is transmissible and

contagious. 2. The disease, unchanged in its characteristic features, becomes alike developed and prevails at all seasons and in all climates, in localities which are dry, with pure air, as in those which are humid, and poisoned by mephitic and palustral miasmata. 3. While it is not exclusively confined to any epoch of life, it has a predilection for early age—i. e., from infants at the breast to children below ten years old. 4. The mortality is largest below five years of age, and goes on decreasing with age and with the decreasing numbers of those attacked. 5. The sexes are alike in liability to the disease and the mortality that attends it. 6. - Rigorously speaking, the disease assails in the same proportion individuals belonging to families in easy circumstances and those who are poor; but the former furnish a smaller mortality. 7. When the disease appears in a family or in a house where there are many children; a large portion of these become successively attacked. 8. Although the disease has in many cases presented itself to practitioners with the symptoms of the angina developed, and in others the primary symptoms, owing to their mildness or to the ignorance of parents, have been overlooked, yet in most cases symptoms of general disturbance have been recognized, and have preceded by twenty-four or thirty-six hours, or even by four days, the appearance of the diphtheritic deposit. 9. Death has usually been rapid, taking place in the majority of cases not later than the third day, and accompanied with the symptoms of carbonic poisoning. Deaths have, however, occurred on the seventh, tenth, or even the twenty-eighth day, and then with symptoms of albuminous nephritis, paralysis, etc. 10. The mean duration of the disease, when the issue has been fortunate, has usually been from ten to fifteen days. In a few cases which have been attended with consecutive phenomena, months have sometimes elapsed before the cure has been completed. 11. No curative treatment, which can be regarded as at all constant, has as yet been discovered. 11. The measures most to be relied upon are prophylactic, and these are to be sought in the careful administration of public hygienic measures. These, the above journal states, are, in the Milanese province, in a woful state of backwardness.—*Med. and Surgical Reporter*, January, 1875.

A CASE OF CHYLOUS URINE.

BY S. W. DICKINSON, M. D., LOUISA CO., VA.

March 27th, 1874—I was called to see Jessy Johnson, colored, æt. 60, farm hand by occupation, suffering with orchitis. While attending him for this, he showed me some urine, and gave the following history of his case:

In September, 1873, he first noticed that his urine was “wrong.” Then it would be clear occasionally, but soon it was chylous all the time. Patient’s appetite was good all the while, but he thought he had fallen off some. Had not been obliged to stop work until his present disease commenced. Patient urinated oftener than in health, and sometimes had a smarting sensation when urinating. Had to strain when urinating, owing to clots of urine in the urethra. Urine was not always of the same color, being now and then of a flesh color. Dieting had but little effect on the character of urine. ■

When I saw the case, urine was white when passed; as it cooled, it became thicker, like clabber, or, as Watson says, like “blanc mange,” and took the shape of the vessel containing it. When thrown out, it broke into clots. When allowed to stand, it had a layer of fatty matter on top.

Treatment was commenced March 28th, and consisted of nitro-muriatic acid; dose three drops, to be gradually increased to six, and be taken three times daily. This had a beneficial effect; but causing diarrhœa, it was discontinued. I then substituted muriatic acid, 15 gtts four times daily, which had an excellent effect, and after using it for two weeks, patient considered himself well. He had no return of chylous urine for two months. About this time, he had diarrhœa, when it returned. Finding him debilitated from the diarrhœa, I next prescribed—

R. Tinct. ferri. mur..... $\frac{3}{4}$ i.
Acidi muriatici..... $\frac{3}{4}$ xi.

M. S. Dose, gtt. 15, four times daily.

While taking this, he improved again, but despairing of being ultimately cured, he discontinued his visits to me.

I advised him to continue using tinct. ferri. mur.; and while he followed my directions, he urinated with more ease, as the urine did not commence coagulating in the bladder.

I did not see him again. He died in November last without

medical attention, and I have not been able to learn satisfactorily the cause of his death.

In the treatment of this case, did not the muriatic acid supply a deficiency in the digestive fluids, and thus, by aiding in digesting the food, cause the chyle to be raised to the blood standard? As an evidence of this, the muriatic acid was more efficient than the nitro-muriatic; it was given in larger doses, and hence supplied more acid to the stomach.—*Virginia Med. Monthly*, March, 1875.

HERPES ZOSTER SUCCESSFULLY TREATED WITH ZINC PHOSPHIDE.

Dr. J. Ashburton Thompson relates (*Glasgow Med. Journ.*, Oct. 1874) an interesting case of this. He observes that the decomposition of the phosphide of zinc within the body "affords the effects of free phosphorus; in my opinion, ten parts of zinc phosphide are equivalent in therapeutic effect to one part of the uncombined element. The other phosphides and hypophosphites are not ascertained to afford the effects of free phosphorus. This compound, which, given in a dose of one-third of a grain repeated every two or three hours, is, generally speaking, sufficient to remedy such an attack of neuralgia as accompanied the rash in this case, and was therefore employed in it, is not that which appears to me best adapted for the treatment of other forms of skin disease. Many of these attend upon states in which advantage may be gained from the use of cod-liver oil; and, at the same time, that a solution of solid phosphorus in oil is that form which best insures the absorption of the drug in its free and most active state, this fish oil is that one which alone does not expose the element to changes which are either destructive of its remedial powers, or render it dangerous to the patient. These, therefore, are two reasons for employing in such cases a solution of the drug in cod-oil; a third may be found in the fact that such a solution possesses neither the smell nor the taste of the element. Still, patients are found who will not or cannot take the solvent; under these circumstances, no more elegant or effective means of exhibiting phosphorus exists than a concentrated form of the same solution inclosed in little gelatine envelopes forming what are known as 'perles.' * These, it need scarcely be said, are quite tasteless; and

* Such capsules have been prepared for me by Messrs. Young & Postans, London, containing various doses of the element. I have found them eminently satisfactory.

if taken immediately after meals, cause little or no phosphoric eructation.

"The dose of phosphorus which may be given with advantage will vary strictly with the object in view. In the example before us, acting on my knowledge of the treatment most desirable in acute neuralgia, it was attempted at once to induce the stimulant action of the drug, by giving full doses of the zinc-phosphide; and this result being obtained, the disease was cured. So, in eruptive fevers, it is the stimulant effect of the drug which it is desired to produce, and it must be attempted in the same manner—by exhibiting full doses from the beginning of treatment. As a rule, for this purpose I should be inclined to prefer phosphorus in an alcoholic or ethereal solution, given in a dose equal to one-twelfth of a grain, and repeated every four hours. But where the object in view is to give tone to the cutaneous vessels, or to improve the general nutrition of the body, a much smaller dose of the element should be employed, and its administration must be continued for long periods. In these cases, if the patient can be persuaded to swallow a large dose of cod-liver oil, he may be allowed to take the thirtieth part of a grain of phosphorus, dissolved in from two to four drachms of it thrice daily. If, however, this amount of the solvent be objected to, or be deemed unnecessary, the 'perles' may be employed. These can be obtained containing the dose named in about four and a half minims of oil; but if these preparations be employed, I prefer to administer the same dose in a larger number of capsules (containing a more dilute solution), since, by this means, much unpleasant eructation may be avoided, to which the more concentrated solution does give rise, notwithstanding every precaution.

"In this way free phosphorus may be administered for long periods with perfect safety, provided the quantity employed does not exceed one-fourth of a grain *per diem*—an amount which, probably will seldom be necessary to employ in the treatment of skin diseases. Nor, except under special circumstances, will it be found necessary to seek any other method of exhibition.

"Thus, although it is possible that with further knowledge of the effects and mode of action of phosphorus in cutaneous disorders, some other more advantageous mode of employing it may be devised, for the present, at all events, I consider that this one fulfils all the necessary conditions of safety and physiological activity. It is in these matters that the pharmaceutical preparation of phos-

phorus has, until quite recently, failed; and since any imperfection in the preparation employed leads on the one hand to the serious risk of the patient, or, on the other, to disappointment in the result of treatment, probably a knowledge of this method of exhibition will lead to a further and more systematic inquiry into the value of phosphorus as a remedy in chronic skin disorders. The result of treatment with the remedies at present at command is scarcely so satisfactory as to render such an investigation superfluous, while the result of observations hitherto made has, so far as they are reported, been remarkably successful. From a consideration of these notes, and some knowledge of the physiological action of the drug, I scarcely doubt that phosphorus will acquire a just reputation in the treatment of chronic skin diseases not inferior to that at present enjoyed by arsenic."—*American Jour. of Med. Sciences*, April, 1875.

Creasote

ON THE TREATMENT OF DYSENTERY WITH CREASOTE.

BY JNO. R. CUSHING, M. D., HARRISON CO., TEXAS.

An intractable epidemic "bloody flux," which prevailed in this vicinity in the summer and fall of 1873, led me to experimenting with the creasote. Its well known property of allaying the irritable stomach of autumnal fevers impressed me that it would be valuable in the treatment of the disease, when opiates and other astringents proved nugatory or of little effect. Its *modus operandi* I will not attempt to discuss at this time, whether it acts as an astringent or an alterative, but I can say it acted admirably in my hands in its curative power over the disease. Whether it was a peculiar phase of the disease or not, I cannot say, as it will require experience in future epidemics to decide. But my faith is strong in its remedial power, and will continue so until proved otherwise.

The attacks of the disease were in most cases sudden, without chill or diarrhoea. The bowels were generally constipated, and tender over the sigmoid flexure and colon. The discharges were pure blood and mucus, with little tormina, but excessive tenesmus. The opiate plan of treatment had a controlling but not a curative influence upon the disease, for it invariably terminated (when the case did not die) in chronic ulceration of the lower rectum,

frequently producing spasm of the sphincter so intolerable that the patient could not avoid screaming upon every evacuation.

Upon adopting the creasote, in combination with opiates, I was happily surprised beyond all expectation. It accomplished everything and did it in a few days, as well as obviating that ugly *after symptom*, so distressing in my preceeding cases. In obstinate diarrhœas I find the preparation equally as good as in the dysentery.

When ulceration of the rectum remained after the subsidence of the disease, I found the acetate plumbi, in combination with tinct. opii, used as enemas, all that was necessary; what was very strange, enemas of creasote did but very little good.

The following cases from my note book will illustrate my plan of treatment:

CASE 1. A lady, æt. 26; sick two days before called in; had been taking teas and laudanum. Found bowels costive, with great tormina and tenesmus. Sulph. magnesias ʒi, tinct. opii ʒi, water ʒvi. Tablespoonful every thirty minutes until it acted. Cold cloths to the perineum, and cloths saturated with the liniment, aq. ammon. ʒss, oil sassafras ʒss, tinct. opii ʒi, tinct. arnica ʒi, ol. olive and kerosene aa ʒij, kept constantly applied to the bowels. After the action of the salts, commenced the following formula: R. Creasote, gtt xx; Acetic Acid, gtt xl; Morphia, gr. ij; Aqua, ʒij. M. Teaspoonful every two hours until relieved. Well in three days.

CASE 2. Young man, 18 years; taken about six hours previous to my seeing him; put him immediately upon the creasote mix. with the liniment; cured in thirty-six hours.

CASE 3. Gentleman, aged about 50 years; had been sick about four days; had been taking opium pills, with acet. plumbi; considerable tenesmus, with dejections of bloody mucus; great prostration; bowels tympanitic. Prescribed creasote mix. with turpentine stupes to the bowels; whisky ʒi every three hours.

In fifty-six hours the bowels were controlled. Creasote mix. every four hours; whisky, toddy and egg-nog, pro re nata. Discharged cured on the fourteenth day.

CASE 4. Lady aged about 20. Cured on the ~~the~~ third day. Creasote mix. only used.

CASES 5, 6, 7 and 8, in one family, all down with hemorrhage of bowels; no tormina or tenesmus; great tenderness over the bowels, and irritable stomach. Creasote mix., turpentine stupes,

and stimulants. All cured and discharged between seventh and fourteenth day. These cases simulated peritonitis, yet I am satisfied it was not that disease, for there was no inflammatory fever or other serious indications of that disease. The disease was evidently subacute inflammation of the lower bowels, with ulceration of the hemorrhoidal veins. My treatment proved efficacious in almost every instance. The simplicity of the treatment and the rapidity of cure, compared with the remedies I had previously used, demonstrated that creasote was an important adjuvant, in fact, the main one, in combating the disease. I should have some hesitation in prescribing the remedy in acute disease accompanied with high febrile excitement.

In all diarrhoeas that I meet with, my main reliance is in the creasote. In the treatment of the disease in children I substitute tr. opii camp. instead of the morphia, and lessen the dose according to age.

For the ulcerations in the rectum when they occurred, I used enemas of ulmus fulva and the acet. plumbi with tr. opii— $\frac{1}{2}$ ℥ plumbi and gtt xxv. tr. opii to about ℥ ij of menstruum—every three, four or six hours, as the case required.—*Chicago Medical Journal*, January, 1875.

Monthly Summary.

OF

Therapeutics and Materia Medica.

The Management of Delirium.

Dr. J. M. Fothergill (*Practitioner*, Dec., 1874,) after discussing the psychical treatment of delirium, makes the following points as to its physical treatment. That form that marks commencing fevers in children scarcely calls for treatment, being a mere symptomatic affair. In delirium tremens, if the pulse be full, bounding and incompressible, a good dose of opium with antimony is indicated. But if the pulse be small, compressible and very quick, when sleep is kept off by that irritability, which is associated with commencing exhaustion in nerve structures, full doses of opium are dangerous. Perhaps death here results from the effect of the opium upon the cardiac ganglia. In such cases large doses of tincture of digitalis have been given with good effect. Bromide of potassium with a vegetable narcotic might be combined with the digitalis.

In sustained pyretic conditions, if there be considerable vascular excitement and heat of head, opiates are inadmissible. Chloral in fifteen-grain hourly doses until a drachm is taken, acting as it does upon the vascular system as well as upon the nerve centres, is better. Subcutaneous injections, of a strength not exceeding ten grains to the ounce, will often be useful in typhoid, non-absorbing conditions.

High temperature usually affects intelligence, and the local and general application of cold is of service. There is a form of delirium, which is more properly cerebral exhaustion, met with after the acute pyretic stage is over. Where there is persistent watchfulness without much vascular excitement, where delirium remains after a cerebral inflammation has been subdued, or where the sensorium is excited without heat of scalp or much throbbing of the head, opium or chloral, or opium and chloral, are indicated. —*Atlanta Med. and Surg. Jour.*, March, 1875.

Nux-Vomica in Nervous Diseases.

According to the *Medico-Chirurgical Review*, Dr. de Stefani does not regard nux vomica as an irritant to the spinal cord, but believes that it exerts a depressing action on the ganglionic system. As this system has numerous relations and sympathies with the cerebro-spinal, nux vomica, acting on both, relaxes the vital tension of the nerves, restores to them their natural conducting power, and also the degree of influence necessary to maintain the harmony of the vital functions of the organs. In acute and serious diseases of the two nervous systems the tolerance of the drug is great; in chronic affections of the ganglionic system it is greater than in that of the cerebro-spinal; and in the organic diseases it is in relation to the gravity of the nervous sympathies. Intolerance of the drug is indicated by stiffness of the lower jaw and of the tongue, and some degree of subsultus in the lower limbs or in all the body. With reference to the curative action of nux vomica, Dr. de Stefani maintains that it depresses the muscular force if this has been stimulated by hyperasthenia, and stimulates it when it has been apparently depressed by the same cause; that it lowers the pulse when it is hard and vibrating, and raises it when it is small and weak; that it lowers excessive heat of the skin, and warms the skin when it is morbidly cold; that it regulates both the pulse and heat of the skin when they are variable several times in the day; that it relieves ardent thirst; that in costiveness

which has resisted repeated purgatives it opens the bowels, and in some cases arrests diarrhoea; that it also arrests spontaneous hemorrhage and relieves hemorrhoids; that it relaxes spasms, removes neuralgic, pleuritic, and rheumatic pains, calms delirium, and removes morbid wakefulness, or awakes patients from morbid sleep, promotes perspiration when deficient or arrests it when profuse, etc., whenever these symptoms are the results of a nervous affection. *Nux vomica* should not be employed in nervous affections until other remedies have failed. When its use is decided upon it is necessary to guard against giving too small doses. The dose of the alcoholic extract given by Dr. de Stefani to subjects of middle age suffering from chronic disease is from five to ten centigrammes. In serious cases this may be raised even to thirty centigrammes, combining with it an equal quantity of extract of *rhys radicans* and some extract of henbane.—*Medical and Surgical Reporter*, March, 1875.

Hot Water Injections in Uterine Diseases.

Dr. Thos. Addis Emmet, in a most valuable article contributed to the *New York Medical Journal*, July, 1874, says the *prolonged* use of hot water vaginal injections is followed by tonic contraction of the arterioles, thus bringing about an approach to healthy action—the *immediate* effect of heat being dilatation, the *secondary* contraction.

He recommends, as the best method of obtaining the contractile effect, that the woman be placed on her back, with the hips elevated by a properly shaped bed pan under her, and that a gallon or more of water at 98° F. or higher temperature be slowly injected into the vagina with a Davidson's syringe. The mucous membrane becomes blanched, and the size of the canal is diminished, just as if a strong astringent had been applied. With the hips elevated, the vagina will retain a large quantity of the water, which also, by its weight, distends every portion of the canal, so that it will come in contact with the entire mucous membrane, under which the capillaries lie.

The vessels of the cervix and body of the uterus pass along the sulcus on each side of the vagina, and their branches encircle the canal in a most complex network. The vessels of the fundus, through the veins of which the blood passes by the liver back into the general circulation, anastomose with those below. Thus the whole pelvic circulation may be influenced, directly or indirectly,

through the vagina. We can so diminish the supply of blood as not only to check congestion, but we can literally starve out an inflammation.

He stated that, from his own observation, several injections a day at 100° to 106° F. will avert an attack of cellulitis, if early used and persevered in, with the aid of rest and anodynes. These injections also exercise a most beneficial effect upon the reflex system, by allaying local irritation. He knows no better means for removing the nervousness and sleeplessness of hysterical women than prolonged hot water injections. To receive permanent benefit from their use, they must be continued once a day, preferably at bedtime, until the patient's health is restored. He thinks the patient cannot administer them properly herself—no arrangement can take the place of an intelligent nurse. As the patient improves in health, the quantity of water can be diminished, and the temperature lowered, until the injections are discontinued, from daily use; but for some time they should be employed for a few days after each menstrual period.—*Virginia Medical Monthly*, January, 1875.

Scrofulous Ophthalmia, with a Small Corneal Abscess.

A. M., col'd girl, æt. nine years, Atlanta. This is a specially interesting case, on account of the existence of a small abscess imbedded between the lamellæ of the cornea. In addition to the ordinary symptoms of scrofulous inflammation of the eye, you find in the cornea, just below the pupil, a small circumscribed spot, bulged a little forward and presenting a yellow-appearance, somewhat like a drop of pus when seen under a thin glass. In discussing this subject, you will remember that it was recommended to freely open the corneal abscess, from whatever cause produced, whenever it was found to be on the increase and threatening a still further destruction of the tissues. In this case it is circumscribed, and from the history of the disease and the present appearance of the abscess, we judge it to be stationary and not demanding the use of the knife. Should it, however, extend, this treatment must be resorted to. For the present we will use a solution of atropine freely and often, for reasons which you have several times had explained to you. Also the compound belladonna ointment, which consists of—

R	Ext. Belladonnæ.....	gr. xvj.
	Hyd. Præcip. Albi.....	gr. xij.
	Ung. Aquæ Rosæ (or Ung. Simp.).....	3 ij.

M. and Ft. Ung.—Rub a small piece over the forehead, above the eye, every two or three hours; and for its alterative effect we prescribe the following:

℞ Fl. Ext. Stillingiæ.....	
Tinct. Gentianæ.....	aa ʒ jss.
Iod. Potass.....	ʒ ss.
Hyd. Corros. Sublim.....	gr. j.
Aquæ Destil.....	ʒ iiij.

S.—One teaspoonful three times daily.

The eye is to be kept bandaged, and thus excluded from the light and allowed complete rest. If necessary, warm applications will be made over the eye. Patient will also take an occasional dose of saccharated calomel, and live upon a nourishing diet and take plenty of outdoor exercise.

NOTE.—After several months' treatment the patient has fully recovered, and her general health is thoroughly restored. A small opacity occupies the seat of the abscess, but it is slowly disappearing, and will probably pass away altogether.—*Atlanta Med. and Surg. Jour.*, April, 1875.

Topical Applications in Otorrhœa.

M. Mènière in a clinical lecture on otorrhœa gives the following formulæ as convenient and useful in many cases. Although they cannot always be expected to exercise a curative influence, yet joined to appropriate internal remedies they are in a high degree serviceable.

In "earache" one or two leeches are to be applied behind the ear, which may afterwards be covered with a poultice sprinkled with laudanum. At the same time two or three drops of the following solution may be dropped into the external meatus:

℞ Aconitiæ.....	gr. i.
Aquæ.....	f 3 v. M.

This solution gives better results than laudanum, chloroform, etc., so frequently used. Should the pain be intense, general anodynes may be employed. In chronic otorrhœa the external meatus should be kept thoroughly clean by frequent injections of tepid water, and may in addition be painted once a day with the following solution:

℞ Acid, Carbolic.....	gr. i.
Glycerine.....	3 i. M.

This solution acts very satisfactorily in modifying the character of the secretion; it is sometimes necessary to increase the proportion of carbolic acid. A ten per cent. solution of nitrate of silver painted upon the internal meatus will often serve a similar purpose. M. Mènière frequently employs the following solution in cases of chronic discharge from the ear. It has the advantage that the patient can apply it himself:

R	Zinci Sulph.....	gr. iv.
	Glycerine.....	f 3 ii.
	Aquæ.....	f 3 vi. M.

Three to six drops are allowed to fall into the ear, which has previously been thoroughly cleansed with tepid water. The head is to be retained in the inclined position from eight to twelve minutes.

The following solution may be used when great vascularity of the bottom of the ear exists, even where there is perforation of the tympanum:

R	Plumbi Acetat.....	gr. ss. ad. i.
	Aquæ.....	f 3 ss. M.

—*New Remedies*, April, 1875.

Quinine as a Prophylactic of Erysipelas.

Dr. Y. R. LeMonnier, Visiting Surgeon Charity Hospital, New Orleans, in the *N. O. Med. and Surg. Jour.*, November, 1874, considers quinine, until otherwise proved, as a preventive of that erysipelas which so often follows wounds.

"When the disease is epidemic," says Dr. Gross, "it often shows itself within a very short time after the receipt of an injury, however slight." In Dr. LeMonnier's ward, the disease raged for five months, during which time he dared not operate, unless in cases of immediate necessity. Case 3 shows that the patient was operated upon for fistula of the anus April 19th, and on the morning of 21st he had erysipelas at the seat of injury. He had to operate on another patient for fistula of the nates on the same day, and there were three cases of the exanthem in adjoining beds. He then prescribed quinine as a prophylactic for the first time gr. ij every two hours; afterwards three times daily. The patient was in the infected ward for 17 days, his wound progressed satisfactorily, and he was discharged cured without having had erysipelas.

Dr. LeM. continues: "From this day, I gave quinine in two grain doses three times daily to all the patients upon whom I operated, and have not had any new cases among them. Case 7, to whom I did not give it, not thinking it necessary, was taken sick with the disease (erysipelas of the anus) May 1st, 1874," subsequent to manipulations for gradual dilatation of a stricture of the rectum.—*Virginia Medical Monthly*, January, 1875.

Editorial.

The Peculiar Action of Opiates and Nervines.

BY I. J. M. GOSS, PROF. OF THERAPEUTICS AND MATERIA MEDICA IN THE COLLEGE OF AMERICAN MEDICINE AND SURGERY, MACON, GA.

PAPAVER SOMNIFERUM.—Opium.—At the head of the list of soporifics, stands Opium and all its preparations. Opium, and all of its preparations, in medical doses, are cerebral stimulants, and from this peculiar action upon the brain comes sleep and rest to the perturbed nervous system. One of its principle uses is to relieve pain; but it is much used to quiet irritation and produce sleep. But there are certain states of the system under which it is not only contra-indicated, but under which it is liable to prove detrimental, or even fatal. If the skin is dry and hot, the pulse hard, small and quick, the mucous membrane of the mouth dry, the pupils contracted, the face flushed, head aching or determination to the brain, it can be but productive of mischief. But the opposite condition admits the administration of opium. I have seen the wildest delirium produced by opium, when the above conditions existed. And I have seen death produced by it when there was congestion of the brain. Its great promptitude in quieting irritation and relieving pain, have led to very great abuse of it. Morphia is not exempt from the same objections; while it is quite convenient to carry and to administer, yet it has the same effects upon the brain and spinal cord that opium has, and stimulates those great nervous centers just as readily as opium. All the preparations of opium are obnoxious to the same objection. But where the skin is soft, the pulse soft and open, the skin cool and rather pale, the eyes natural, then if the soothing, quieting effects of opium be required, it may be given with safety. In that peculiar hyperæsthetic condition that prevails in dysentery, there is but one remedy that will supply the place of Opium, and that is Gelsemium, and in some cases I find it necessary to alternate them. In hyperæsthesia of the bladder, a solution of Morphine applied endermically, will seldom fail to give relief. But Opium is a remedy that should never be given longer than is absolutely necessary, for it so locks up all the secretions, except that of the skin, that, if continued too long, it always proves injurious.

HYOSCYAMUS NIGER.—*Henbane.*—This, like opium, in medical doses, stimulates the cerebro-spinal centers, and thereby produces sleep and relieves pain and hyperæsthesia of the nervous system; and also quiets nervous irritation, and thereby frequently exerts the influence of the special sedatives. It does not arrest the secretions, but rather increases them under ordinary circumstances.

In large doses it is a poison, but in medical doses, say five to ten drops of the tincture, saturated, it is a calmative, anodyne and anti spasmodic, and in doses of fifteen to twenty drops it is a hypnotic. It is much better in some cases than Opium, as it does not produce constipation, but is not always prompt.

ATROPA.—*Belladonna.*—Belladonna acts quite differently from opium. It is a true stimulant to the capillary circulation, and thereby prevents congestion, and counteracts the effects of opium. It is the remedy where the nervous centres are in a state of irritation, and where there is determination of blood, or where there is congestion from atony of the capillary system. In those cases of threatened delirium, indicated by drowsiness, stupidity, and where the patient sleeps with his eyes half open, and respiration is labored, or even where delirium actually exists, belladonna will give relief very promptly. In typhoid fever, with typhomania, belladonna, alternated with aconite, will restore the patient to consciousness in a few hours. It may be used in all cases where there is an enfeebled circulation with stasis of the blood. In that congested state of the kidneys, causing incontinence of urine, belladonna will be found to act promptly. In diabetes insipidus, belladonna is also a prompt remedy. The dose varies from five to ten drops of the saturated tincture. In conjunctivitis, belladonna applied in the form of extract, diluted to a fluid by glycerine, or tinct. of belladonna, 1 3, tinct. of gelseminium, 2 3, water, 2 ozs. A few drops every three or four hours, will very readily control the congested capillaries, and thereby lessen the inflammation. In neuralgia, from congestion of the nerve centres, belladonna, combined with quinine frequently gives relief. In over dose it also is a poison.

MORPHINE PILLS.

When we began the preparation of pills twenty years ago, at the suggestion of Prof. Chas. A. Lee, we used Extract of Gentian as the excipient in making Morphia Pills, and with the most satisfactory results, until recently some person, from the color, supposed they were only opium, which could have been determined by the taste. Dr. Lee, whenever he could, gave a tonic to overcome the disturbance to the digestive functions, not unfrequently produced by opium and its preparations. Prof. Stillé, in referring to this fact, states "that it not only destroys the appetite but embarrasses, if not suspends the digestive process."

In selecting excipients the rule should be to use, instead of inert sub-

stances, those agents which improve the action of the remedy, or tend to prevent any disturbance likely to arise during its action—of course avoiding incompatibles.

One word personal to ourselves. It should be borne in mind that the country is filled with *drummers* representing various manufacturers of Pills, as well as so-called Fluid Extracts, or Tinctures or Percolates, besides those issued by drug houses of their own preparation, all of which, as far as we have examined them, represent from 30 to 60 per cent. of strength of the crude article. These several parties go forth to *sell* their articles, and we are the main subject of attack. The drummer depends on his sales for continuing in his place. Sales must be effected upon some device, system or stories adapted to the circumstances of the case. To one they represent that we have sold out and discontinued business—to another that we have given up the manufacture of Extracts—to another that the firm has changed and Mr. T. has left it—indeed anything to influence sales.

We mention these things that Physicians and Druggists may pay no attention to the thousand and one statements put afloat by these persons.

TILDEN & CO.

IODO-BROMIDE OF CALCIUM COMPOUND.

In Epilepsy.

Extract from letter of JAMES REED, Esq., M. D., of Reedsville, Mayor of Inverness, and Warden of Co. Megantic. Province of Quebec, Canada. March 20, 1875.

"Your Iodo-Bromide of Calcium Comp'd. has given me a great deal of satisfaction, and more particularly in one case of Epilepsy caused by Scrofula, and caries of the frontal bone. It was a desperate case and had been under the treatment of several medical men, including the President of the Medical Association, of the Dominion of Canada. These practitioners had used Iodide Potass., Bromide Potass, Donovan's Solution, and other medicines with very little effect. I put him under the "Elixir Iodo," using the Solution properly diluted, as a topical application. He had been under this treatment but a short time when there was decided improvement in his general health—*The spasms ceased*, the sores discharged less profusely, and several pieces of frontal bone came away. The young man who is a merchant of considerable prominence, though not yet entirely cured, has been able for the past three months to attend to his business, much to the surprise of his friends, and particularly of the physicians who have heretofore attended him."

Scrofulous and Cancerous Affections.

Extract from letter of A. A. WOLFE, M. D. "I am constantly using the Elixir Iodo-Bromide of Calcium Comp., and would not lay it aside for anything I have ever used in scrofulous and cancerous affections, and in all cases where there is impurity of the blood, I consider it valuable, both as

an internal and external application. The Bromo-Chloralum is decidedly the best disinfectant I have ever used.

The Fluid Extract Ergot, "Formula of 1874," is all that could be desired."

Necrosis of the Tibia.

Extract from letter of A. SHIRK, M. D., Austin, Texas, March 29, '75.

"I had an opportunity last year, of trying the Elixir Iodo-Bromide of Calcium Comp. on several persons, and in one, a case of necrosis of the tibia of long standing, the decidedly beneficial effects were remarkable. Another, a case of a child, four years old, where the shoulder joint had been injured a year before, and an ulcer formed, discharging sanious matter, was entirely cured in three months by using the Elixir. Many different alternatives had previously been used without advantage to the patient."

BROMO-CHLORALUM.

In Small-Pox.

Branchport, Yates Co., N. Y., April 13, 1875.

Messrs. TILDEN & Co.:-

Gentlemen—In the April No. of the *Journal of Materia Medica*, I notice BROMO-CHLORALUM spoken of as a disinfectant in Small Pox. I wish to say a word in its favor. I have used it extensively this winter, and found that it not only destroys all unpleasant odors, but, if faithfully used, I believe, will destroy in great measure the infectious miasm. I used it in one house where there were two bad cases, with three susceptible persons quarantined in the same house. They all had free communication with the sick room, visiting it as often as once a day, and not one of them had the first symptom of the disease. I believe the "Bromo" had much to do with the protection of these persons, for in other houses where the old disinfectants were relied upon the disease spread extensively.

Yours Truly, W. A. WILSON, M. D.

Preservation of the Dead.

Extract from letter of HENRY F. ADAMS, M. D., Canastota, N. Y. "I have been using the Bromo-Chloralum quite extensively, and consider it the best disinfectant I have any knowledge of. Our undertakers are using it upon my recommendation, and find it preferable to anything else for preservation purposes. In fact it should be in every household, as a matter of safety against bad odors incident to cellars, cisterns, &c."

Correspondents will oblige by writing plainly their names, Town, County and State. We are frequently unable to answer letters because these are omitted.

THE
Journal of Materia Medica.

DEVOTED TO
Materia Medica, Pharmacy and Chemistry.

Vol. XIV.]

JUNE, 1875.

[No. 6.]

Communications.

COLLINSONIA CANADENSIS.

Horse-balm.

BY JOSEPH BATES, M. D.

In presenting this agent for the consideration of the readers of the JOURNAL, I take the liberty of prefacing it with a very sensible resolution, published in one of the New York Medical Journals:—"Resolved, that we regard it as one of the most important duties of the medical profession, to investigate truth from whatever source it may come, and in every proper mode to encourage the fullest and freest investigation by all." This resolution, I admit, is open to criticism, nevertheless, the import is correct, and should be accepted.

Collinsonia Canadensis belongs to Natural Order Lamiaceæ.

In the Linnean, or sexual system, this plant will be found in Class *Diandria*, and in Order *Monogynia*.

GENERIC CHARACTER.—Calyx tubular, 2-lipped, upper lip 3-toothed; corol funnel-form, unequal, under lip many-cleft, capillary; one perfect seed, nut one.

SPECIFIC CHARACTER.—(Flowers in July, blossom yellow, root perennial). Leaves heart-ovate, broad, glabrous; teeth of the calyx short-subulate; panicle terminal, compound. Var. *cordate*,

upper ones entire. Var. *ovata* leaves ovate, attenuate at the base, all serrate. Strong scented, rather pleasant. It attains the height of from one to three feet.

POPULAR NAMES.—Horse-balm, rich-weed, archangel, Ox-balm, horse-weed, heal-all, stone-root, knot-root, hardhack, etc. The absurdity of depending upon the popular names of plants, is very apparent relative to the agent under consideration. It is frequently the case that plants widely different are known by the same popular names. In different localities, a plant is known by different names, therefore, no dependence should be attached to the vulgar name of a plant.

HABITAT.—North America.

MEDICAL PROPERTIES.—Tonic, astringent, diaphoretic, diuretic, to which some have added alterative. Its active principle is Collinsonin.

HISTORY.—Mr. BARTON, it is said, was the first who discovered this plant, and sent it to Europe. Collinsonia was named in honor of JOHN COLLINSON, a patron of botany in England. THOMAS GREEN, Editor of the *Universal Herbal*, says:—"It has a peculiar and very strong, but agreeable scent, and is reputed to be an excellent remedy against pains in the limbs, and a cold, if the affected parts be rubbed with it; a decoction of it is also said to have cured the bite of the rattlesnake. The Americans (says our London Author) call it *horse-weed*, because the horses eat it in the spring before any other plant comes up."

THERAPEUTICAL EMPLOYMENT.

Valvular Diseases of the Heart.—Dr. W. PAINE observes that Collinsonin acts especially, and most beneficially, on the valves of the heart; though its worth and influence are not limited to these. He adds:—"All the serous tissues and structures of the body are subservient to its therapeutic power. These serous tissues possess small capillaries, which when disordered and dilated, suffer fluids to ooze out; and this exudation becomes organized, as in inflammation of the pleura, the endocardium, the pericardium, &c.

Collinsonin removes the exuded organized matter, and causes the abnormal condition to disappear. I, not long since, had a patient, who was so much oppressed with a valvular disease of the heart, that his friends were obliged to carry him up-stairs. He, however, gradually recovered under the influence of collinsonin, and is now attending to his business." Heretofore, says Dr. PAINE, physicians knew of no remedy for the removal of so distressing and so

dangerous a malady. Dr. P.—continues:—"Collinsonin unquestionably affords relief in such cases, and in most instances effects a cure; it, however, must be administered very cautiously. The ordinary dose is from one to two grains, three or four times per day. I have given ten grains five times per day; in one case, thirty grains; but this course is only justifiable under extraordinary circumstances. One dose, I may add, should always be administered at night." He closes his remarks upon this agent as follows:—"I stated that the collinsonin acted most specifically upon the tissues of the heart, and especially the valves; and I might add, the entire endocardium. During the progress of inflammatory fever, and especially that of a rheumatic character, we frequently notice the patient manifesting great oppression at the præcordial region; is restless and anxious; has a small, feeble, and intermittent pulse, oppressive dyspnœa, jactitation, and syncope. If we listen to the heart, we detect a soft bellows murmur, together with mitral regurgitation, and pulmonary, systolic, and dyastolic murmurs, according to the nature of the alterations connected with the disease. These symptoms plainly indicate the existence of inflammation of the inner structure of the heart; and from the prompt relief afforded by a few doses of collinsonin, its specific character has been demonstrated. In the chronic form of endocarditis, where the symptoms are not so active, but the disease still characterized by its insidious changes, the collinsonin, although acting more slowly, is equally efficacious."

Peritonitis.—Inflammation of the peritoneum may be acute, sub-acute, or chronic. It may be simple or complicated.

Dr. PAINE observes:—"Collinsonin also acts with efficiency in cases of chronic peritonitis, especially in those which are accompanied with dropsical accumulation in the abdomen. In a case of persistent ascites, where the ordinary remedies fail to afford anything more than a temporary relief, collinsonin produced a permanent cure. The cure in this case, I attributed to the influence of the remedy in removing the chronic inflammation of the peritoneum, which was the cause of the difficulty. I have known this remedy also to act with much efficiency in removing chronic inflammation in other portions of serous tissues." In most cases of peritonitis, opium or morphine should be given in doses sufficient to relieve the pain and restlessness. Dr. PORCHER remarks, that the best preparation of *Collinsonia Canadensis* is supposed to be the essential oil, which is said to be an excellent

tonic, given with benefit in low fevers, exhaustion of the forces, etc. This plant, says Dr. P., certainly merits further notice.

Dropsy.—DRS. PORCHER, A. FRENCH and BEERS, speak highly of this agent in dropsy of the ovaries. Dr. PORCHER, on page 486 of the *Resources of the Southern Fields and Forests*, quotes from Linn. Veg. M. Med.:—"The infusion of the bruised root in cider cured several cases of dropsy."

Dr. KING refers to this drug, in the treatment of this malady.

Leucorrhœa.—Dr. PORCHER, in his treatise to which allusion has been made, observes that this plant in decoction, is efficacious in leucorrhœa, Dr. KING, also, corroborates this statement. Dr. COPLAND affirms that there is no disease in which treatment is more apt to be empirical than leucorrhœa. This arises, he says, from incorrect notions as to its pathology and true nature. He remarks:—"The various forms of the malady vary very widely from each other in degree, and require corresponding variations in treatment. If the discharge is of mucous, transparent character, it will yield to very simple management, as astringent injections, rest, abstaining from sexual intercourse, etc."

The *Collinsonia* may be used in conjunction or alternated with other remedies, such as iron, nitrate of silver, tannin, creasote, iodine, cubebs, etc., Dr. COPLAND observes:—"Creasote may also be used with great advantage by mixing 20 drops of it with 3 ij. of a solution of *potash*, 3 ij, *white sugar*, rubbed together, with $\frac{3}{4}$ viij. *water*, for an injection, to be thrown up three times a day. We have also known an injection of *iodine* succeed, after other remedies had failed. It should be employed by way of injection, prepared by mixing \mathfrak{v} iv. of *iodine* with 3 j. of alcohol, and $\frac{3}{4}$ viij. of *water*; one-fourth part to be employed night and morning, using the compound tincture of the same article internally. A bit of sponge soaked in this solution, and passed high up the vagina, to remain in contact with the os uteri over night, will often be followed by the best effects. A decoction or infusion of *pyrola umbellata*, *diosma crenata*, or the *pareira brava*, we have found almost specific in correcting the unhealthy state of the vaginal secretions, and restoring healthy action." Dr. CLESS states that he cures almost all the cases of leucorrhœa that occur in his hospital, at *Stuttgart*, with *cubebs*. (*Copland*.)

Catarrh of the Bladder.—A decoction of the fresh root of *Collinsonia Canadensis* is said to have been used with advantage in catarrh of the bladder, (*U. S. Dispensatory*.) Dr. PORCHER states

in his work, *Resources of the Southern Fields and Forests*, that the decoction is efficacious in this malady.

Gravel.—Many physicians who have employed this plant in their treatment of this affection, testify to its beneficial results.

Indigestion.—This plant has some able advocates who highly laud its use in indigestion.

Fevers.—Dr. PORCHER makes the following record relative to this drug:—"Drs. FRENCH and BEERS speak highly of it in pains of the bladder, in ascites, and dropsy of the ovaries; given, also, as a powerful tonic in putrid and malignant fevers."

External Use.—The bruised leaves of the *Collinsonia Canadensis* are used for the eruption caused by coming in contact with, or the emanation from the *Rhus venenata* (poisonous sumach.)

In his late work, Griffith (*Med. Bot.* 513,) states that externally it has been employed as a friction in rheumatism. (PORCHER).

Dr. KING states:—"Externally, the leaves are used as a poultice or in fomentation to bruises, ulcers, blows, wounds, sprains, contusions, etc."

THE TREATMENT OF SYPHILIS.

BY I. J. M. GOSS, M. D., L. L. D., MARIETTA, GA.

I see essays frequently in the Journals, like one in the July No. of TILDEN's *Journal of Materia Medica*, taken from the *Pacific Med. and Surg. Jour.* In that essay, Dr. WILLARD PARKER is quoted in the following language:—"I am aware that I differ from many of my brethren in the treatment of syphilis, but I believe that the poison of syphilis can only be removed from the system in almost all cases by the judicious and wise use of mercury." Now, Dr. PARKER has only tried mercury, and doubtless often failed to cure syphilis with mercury. Thirty years ago, when I was a student in Augusta, Ga., that renowned pathologist and surgeon, to wit, Prof. L. A. DUGAS, taught the fact that mercury utterly failed, in many instances, to cure syphilis. He also taught the truth, that Iodide of Potassa, in large doses, cured secondary and tertiary syphilis. Impressed with this truth, I commenced the treatment of my first cases with Iodide of Potassa, and succeeded in my first case, after mercury had often failed. In Jefferson, Jackson Co., Ga., I was consulted by a slave-holder, for two cases of syphilis in the secondary stage, which were women in the 6th and 9th months of pregnancy. The one near confinement, I did

not treat until after her confinement. The one that was about in her 6th month of pregnancy, I commenced the treatment with Iodide of Potassa and the compound alterative syrup of the American Dispensatory. The case very readily convalesced, and soon was perfectly cured, and remained well. The other one gave birth to a large child, which soon exhibited undoubted evidences of syphilis. I commenced the treatment of both mother and child, as soon as the mother was deemed able to bear the treatment. These cases both rapidly recovered, and remained well. All these cases were cured with Iodide of Potassa and the alteratives above named, and the women had both been treated with mercury first, and then by a Thompsonian physician, but without benefit. A few years ago, there was a young man applied to me, who informed me that he had been repeatedly treated with mercury, but always without success. I treated him with Iodide of Potassa and *Corydalis*, *Iris*, *Phytolacca*, &c., and soon restored him to perfect health. Recently I have tried similar treatment in several cases of primary syphilis, and found it equally successful. Where there are small ulcers on the glans penis or prepuce, I always cauterize with gold or nitrate of silver, then, as an act of precaution, use the alteratives above named, for I believe, that, whilst it is local, the disease may be aborted with caustics, for I have seen cases thus cured. Three young men, in a workshop, recently consulted me, and on examination, I found them all with ulceration of the glans penis, and prepuce. The ulcers exhibited the characteristic appearances of the Hunterian chancre, that is, elevated edges, with indurated border. One of these young men had already been thoroughly cauterized with sulphate of copper, and refused to be treated until he tried the effects of local treatment. And he soon recovered without further treatment, and he appears to-day to be perfectly well. The others soon recovered under the alteratives above named, with the Iodide of Potassa. And I could detail hundreds of cases thus successfully treated with Iodide of Potassa and vegetable alteratives. And I have seen a large number of cases unsuccessfully treated with mercury. Mercury blunts the symptoms for a time, but I find them return, unless other remedies are used. I regard *Stillingia*, *Corydalis*, *Iris* and some other alteratives far superior to mercury. Men condemn many things without trying them, consequently, they have neglected to try many indigenous remedies. Any man who will try the above alteratives, will never give mercury in syphilis, especially in secondary and tertiary cases.

THE THERAPEUTICS OF FUNCTIONAL HEADACHE.

BY ALLAN MCLANE HAMILTON, ^FM. D.

From the Philadelphia Medical Times, Feb. 6th, 1875.

All remedies for the alleviation of the several varieties of this condition may be included under the following head:

INTERNAL.	{	Cerebral anæmiants.	{	
		“ stimulants.		
		Those diminishing reflex irritations.		
		“ “ remote local congestion.		
		Cardiac sedatives.		
		Alteratives.		Malarial.
				Syphilitic.
				Gouty.
				Rheumatic.
II. LOCAL.	{	Peripheral irritants.	{	
		“ anæsthetics.		
III. GALVANISM.		“ revulsives.		

The headaches dependent upon anæmia of the brain result usually from nervous exhaustion. These are the headaches of brain-workers, or may also follow unusual physical fatigue. The distressing persistency of the headache of nervous prostration is the characteristic feature. It is the most protean of all forms, as it may be a close counterfeit of neuralgia, or, on the other hand, may be dull and sub-acute. These patients are usually anæmic and much reduced. The headaches are associated with vertigo, and oftentimes nausea. There is usually vomiting and sometimes syncope. The mental powers are exhausted, and the patient who suffers in this way usually awakes unrefreshed by sleep, with dull, heavy pains and a sense of fatigue. There is little disposition to use the mind; the pulse is small and feeble, and there is sometimes a tendency to passive cerebral congestion. The skin is cool during the attack, and the surface may even be moist.

Many of my patients who suffer in this way are women, and the headache is the most distressing when the patients awaken. The use of a cup of tea or coffee is excellent at this time, and I have lately found that cocoa given in the form of a fluid extract is of very great benefit. A drachm or two of this is the dose. The following prescription is a favorite of mine for these headaches:

℞ Strychniæ sulph. gr. i.
 Acidi phosph. dil.
 Tr. ferri chlor. 3 vi.
 Aquæ camphoræ, ad. 3 iv. M.
 Sig.—A teaspoonful after eating.

The use of diffusible stimulants is in order. We may give the patient the aromatic spirits of ammonia and sherry wine several times a day with good results. Muriate of ammonia is an invaluable remedy in these headaches, particularly in hemicrania; it should be given in very large doses—from ten grains to thirty—every hour until relief is obtained.

A form of headache, spoken of as *hyperæsthetic* by Hanfield Jones, demands opposite treatment, for the administration of stimulants aggravates it greatly. These are the cases where there are redness of the face, tense carotids, injected conjunctivæ, and heat of skin, the patient is very restless, and the mental faculties are confused. These patients have cold hands and feet during the paroxysms, as a rule. There is imperfect nervous stimulation of the heart, and the cerebral vaso-motors are subject to paresis. These patients find it difficult to sleep; there is tossing at night, and the mind is possessed by a myriad of thoughts that chase each other through the brain. The first order of remedies in my table is of value here, and the bromides are the best of them. We may give this prescription and hope for good results, sometimes very immediate ones:

R Sodii bromidi..... $\frac{3}{4}$ i.
 Fld. ext. ergotæ..... $\frac{3}{4}$ iss.
 Aquæ camphoræ..... $\frac{3}{4}$ iv. M.

Sig.—A teaspoonful every three hours, or two teaspoonfuls at night.

I believe the sodic salt to be the most efficacious of all, and the most reliable. Bromide of calcium is the next in order, I am convinced, after having given it an extended trial.

In these headaches, cardiac sedatives are of incalculable benefit. Tincture of aconite and veratrum viride will often produce happy results. The continued use of digitalis, combined with zinc, the latter in the form of the oxide, does much to change the character of the circulation.

For the headaches of inebriety I have used since the year 1871 the monobromate of camphor. The results of my experiments I published in the *New York Med. Jour.* of August of that year. I am sorry to see that this excellent remedy has fallen into disuse, for it seems to possess hypnotic properties peculiar to itself.

Bourneville, of Paris, has recently called attention to its physiological effects, and I trust its use will be more extended, it having received favor at the hands of this distinguished gentleman.

Local depletion, and in some cases general depletion, are necessary. Leeches and cupping relieve the gorged sinuses at the base of the skull. A very common class of headaches are those dependent upon reflex causes. They may be called the *inhibitory* headaches. They go hand in hand with disturbance of digestion, irregularities in the uterine functions, and with other conditions dependent upon eccentric irritations transmitted to the central nervous axis. These headaches partake of all varieties; we may have the well-known sick headache, the headache of dysmenorrhœa, or that associated with an irritable uterus. Of course, our diagnosis will point out the cause very quickly; but oftentimes there are points of irritation we may overlook. Hæmorrhoids may often produce headache, associated with great restlessness and fatigue. Its seat is usually in the frontal region, and it comes on very suddenly.

The uterus will account for two-thirds of the headaches among women, and one of my patients suffers with a common form all have met with undoubtedly. Her uterus is retroverted: mechanical pressure is made upon the rectum to such a degree that the walls of that gut are in contact nearly all the time. A headache is the result, which is persistent and very prostrating. She suffers constantly from constipation, and before I saw her was often in such extremities from retained fæces that she would pass an ivory paper cutter up the rectum, and press the uterus forward. After working in this manner for some time, and using a syringe, she would have and unsatisfactory, ribbon-like, and greatly attenuated stool, and the headache would disappear for several days. These cases are more familiar to the gynecologist than the neurologist.

Just as the stomach, when irritated by undigested food, transmits to the brain in gastric epilepsy a morbid irritation, and a convulsion is the consequence, so does it send irritations that are followed by headaches.

We are to meet these conditions therapeutically by special interference and proper remedies.

There is a somewhat rare variety of headache, but an excessively painful one,—I allude to rheumatic headache. The pain is superficial; there is a diffused hyperæsthesia over the scalp, which is very sensitive to touch. The disease may be deeper, and the dura mater be the seat of rheumatic inflammation. This is the rare variety. The external hyperæsthesia is due generally to cold. I have found it amenable in a very few minutes to the faradic current applied by the wire brush. Of course, alterative medicines

will be required should there be much constitutional participation.

Headaches are associated with syphilis in nearly every instance. Oftentimes there are deep organic changes, sometimes of the dura mater, or there may exist a tumor. The headache is intense, localized, and not always attended by acceleration of pulse. It is needless to say it is worse at night. Inunctions of mercurial ointment have met my anticipations in many cases. In old cases we naturally resort to specific medicine.

The suboccipital headache of malaria is often uncontrolled by quinine alone. The combination of arsenious acid is of great use, and the addition of a small quantity of belladonna increases still more its effect.

Neuralgia is dependent upon so many causes that it will be difficult to consider its therapeutical indications without going very deeply into the history and etiology of the disease. The peripheral forms, however, deserve notice in a paper devoted to the discussion of functional diseases, and, as these are very commonly met with, particularly the facial form, it might be apropos to speak of a few serviceable remedies. I know of none so good as iron, quinine, and belladonna, or arsenic in some one of its forms. This prescription is a good one, I think, for it contains three of the agents:

℞ Morph. sulph.....gr. vi.
 Ext. belladonnæ.....
 Ext. nucis vomicæ.....ãã gr. xii.
 Ferri et quiniæ citrat..... 3 iiss. M.

Ft. massa et divid. in pil. No. xlviii, one t. i. d.

Strychnia is of great benefit in the anæmic variety of this disorder.

Peripheral neuralgia is treated most successfully by local applications, and among these come galvanism, chloroform, irritant applications, such as blisters, etc., and the actual cautery. The application of chloroform and of bisulphide of carbon has been recommended by several English writers. One of these substances should be poured upon a piece of cotton, and the same placed in a wide-mouthed bottle. The mouth of the bottle is to be then held against the most painful part of the face for a few minutes. A few drops of nitrate of amyl inhaled have often stopped a severe neuralgia.

The hypodermic syringe is so much used that it would be unnecessary to allude to it. I would only speak of certain solutions that have been tried with different degrees of success.

Morphine stands prominently forward as the best. Combined with atropine it is perhaps more efficacious than when injected alone. In neuralgia, chloroform injected hypodermically has been highly recommended by Roberts Bartholow. I think its greatest fault is the production of abscesses. I have used it several times, but have always had unpleasant consequences of this kind. The irritant nature of this drug forbids its application to the skin even locally. We have all seen the blistering produced by the local application. How much more intense must be its action beneath the skin!

Blistering the skin and afterwards applying morphine to the denuded surface, is effectual in stopping some forms of peripheral neuralgia.

I have lately tried, with the most satisfactory results, the local application of the ether-spray by the atomizer. Freezing of the skin just anteriorly to the ear will cut short a violent attack of facial neuralgia in a few moments.

In certain form of facial neuralgia, particularly where there are points of irritation, the actual cautery-iron, brushed over these points, will cure the patient.

Perhaps one of our best remedies is electricity. In the form of galvanism we may affect the cervical sympathetic, diminish the cerebral hyperæmia, or by stronger currents increase it. The poles should be held over the nuchæ or lower down, and over the mastoid bone, or upon both temples. In neuralgia the positive pole may be held just back of the ear, and the negative passed over the several branches of the fifth nerve.

The faradic current often relieves many headaches, particularly if they are diffused over the scalp, and if they are aggravated by heat to the head, or by pressure.

The application of cold is one of the best local means we have to modify or stop headache, particularly if it be of the hyperæsthetic variety. Bladders filled with ice, cold douches, and other expedients enable us to successfully combat it.

The organic headaches deserve mention by themselves, so I will not venture upon such a wide field. In all cases of this kind it is a symptom, and while attempting to relieve it, we must not forget that there is usually a cause.—*Canada Med. Record*, March, 1875.

**DECOCTION OF NUT-GALLS AS AN ANTIDOTE
FOR *CICUTA VIROSA* HEMLOCK. ***

DEPOSIT, Broome Co., N. Y., April 6th, 1873.

Gentlemen.—I enclose a specimen of root found on the bank of a creek running through our place. A boy in the place ate a quantity of it (don't know how much) and died from the effects of it. Will you please tell me what root it is?

Very respectfully, O. T. BUNDY, M. D.

By Dr. MEYER, of Creutzburg. On the morning of the 19th of March, 1841, four children, of three, five, and six years of age, found in the neighborhood of the village in which they lived, some roots of *cicuta virosa* which had been carried there by the current of a rivulet, and, having mistaken them for parsneps, they ate the greater portion of them. The child aged three years was very soon attacked with colic, vomiting, and convulsions, and died at 1 P. M., without any treatment having been resorted to.

The parents, who had learned this circumstance from the other three children who were affected in the same manner, and who had found in their hands another root of *cicuta*, made them drink milk in abundance, and at the same time sent for a surgeon, who immediately requested the assistance of Dr. Meyer.

On the arrival of this physician, at about 2 o'clock, the three little patients had already taken ipecacuanha, but only a few and scanty vomitings had resulted from it. The body of each of these children was cold, the countenance pale and wan, the pupils much dilated and fixed; there were violent colics, and spasmodic motions throughout the body; two of them had entirely lost consciousness, while the third regained his senses from time to time, and complained of singing in the ears and vertigo, after which he again fell into a comatose state. The respiration, in one of the children, was feeble and scarcely perceptible; but in the other two it was irregular, stertorous, and occasionally interrupted by sighs. The motions of the heart did not present their normal regularity; they were occasionally stopped for a longer or a shorter time, then they returned in a tumultuous manner; the arterial pulsations, slow in general, presented nearly the same anomalies.

Large doses of sulphate of zinc were immediately administered to the three patients, and several vomitings, accompanied with

* *Journal de Chimie Medicale*; from a German Periodical not quoted.

violent shocks, very soon resulted: many pieces of the root of cicuta, softened by its stay in the stomach, were recognized in the vomited matters. The vomitings were aided and maintained by means of diluents, and by frictions of the epigastric region. At the same time glysters, to which vinegar was added, were administered, cold compresses were applied to the head, and a powerful revulsion exerted on the limbs, by means of cataplasms of mustard and horseradish. The extremities, which were of icy coldness, were rubbed with well warmed flannels, and heat was thus restored to them.

At the end of an hour, the state of stupor, the spasms and colics, began to diminish a little, in proportion as the vomiting and purging became more frequent. It should be noticed that the matter of the alvine dejections was liquid and colored yellow by bile.

A decoction of nut-galls, which had been prepared in the interval, was administered in large and frequent doses during the first day, then in smaller and less frequent doses during the two following days. The results of this treatment were most favorable, for all the alarming symptoms gradually diminished, and, at the end of five days, the three patients were entirely recovered; from that time nothing but a simple and mild diet was prescribed for them.

The decoction of nut-galls already recommended by Drs. Phœbus and Meurer, or if preferred, the tannin, which is its active principle, in this case produced all that could be desired of an antidote. Indeed, the root, which was in its power, contained a very strong poison, and it had been taken in great quantity, since the second root, which was less than that which had been eaten by the children, weighed 60 grammes. Moreover, the poisoning took place at 10 o'clock in the morning, a time of day at which the stomach is almost empty, because in the country it is customary to breakfast very early. Finally, the poisonous principle had had, during four hours, all the time necessary for developing its injurious effects on subjects so young and so highly sensitive to impressions.

The poisoning was very violent, as the symptoms have sufficiently shown; nevertheless, the antidote, after having been preceded by vomitings, in a short time, and in a manner at once simple and sure, caused the last traces of the symptoms of poisoning to disappear. A *post-mortem* examination of the fourth child was not allowed.—*American Journal of Pharmacy.*

**THE PROMPT TREATMENT OF ACUTE DISEASE
OF THE THROAT.**

BY F. A. BURRALL, M. D., NEW YORK.

Some time since I was called to attend a middle-aged, married, American lady, who had been suddenly taken ill with nausea, sore throat and fever. No eruption accompanied the attack, and consymptoms, which were duly followed by a scarlatinal eruption. During the sickness of these patients it was ascertained that a child in an adjoining house had been attacked with severe scarlatina two weeks before the indisposition of the lady to whom I was summoned. There is every reason to believe that the same poison was illustrated in distinct forms by each of the above attacks. Hence the importance with which an apparently simple sore throat may be invested, and it is at least wise to regard every acute attack of what is generally termed "sore throat" as a "questionable shape" which may envelop the contagion of scarlatina.

Similar considerations apply to diphtheria. It is not always easy to decide at once whether to apply so grave a term to a few white flecks upon a tonsil, which may be but alterations in the follicular exudation. Yet that variety of diphtheria must not be forgotten which remains for a few days under the form of a comparatively insignificant ailment, and quite suddenly develops into a fatal disease.

In his valuable work on "Diseases of the Throat," Dr. Solis Cohen refers to a malady which he terms "membranous sore throat," and which is thus described:

"There is a variety of sore throat, almost always more or less met with at all seasons, characterized by the exudation of a fibrinous material which coagulates in a pellicle or false membrane. These casts are very often mistaken for diphtheria, and account for much of the success claimed for the various treatments of that disease. For apart from the immediate danger sometimes attending the mechanical obstruction in cases implicating the larynx—cases, however, which are very rare—the tendency of this affection is to recovery; while a similar tendency in diphtheria is, as we shall see, doubtful. This form of sore throat is often met with during the prevalence of diphtheria, and *may sometimes be a starting-point in that disease.* Discrimination is therefore of paramount importance."

"The membranous deposit is often found upon the ulcerated surfaces of mucous membrane, and also upon cutaneous ulcers, and the broken cuticle of blistered skin. It presents a *similarity to the deposit found upon similar surfaces in diphtheria, but does not constitute diphtheria, there being an entire absence of the toxic symptoms of that disease.*"

"It has already been stated that when diphtheria is prevalent, common membranous sore throat may invite an attack of diphtheria; and that it is often met with during the prevalence of diphtheria. If, therefore, there be any doubt as to its nature—and doubt may readily arise under such circumstances—the safest plan for the practitioner would be to treat it as if it were diphtheria."

There can be no question that the advice here given to treat any doubtful case of this kind as diphtheria is the "safest plan." Such a case came under my care, which I was disposed to regard as membranous sore throat, after reading Dr. Cohen's description of that disease. It was treated, nevertheless, as diphtheritic, and proved to be diphtheria. Evidently an error in diagnosis might easily occur; in fact, were it not for the distinguished names which endorse this title one would readily be led to question whether this disease were not essentially diphtheritic, so strong are the points of resemblance. If we regard diphtheria as primarily a local disorder which afterwards becomes constitutional by penetration and absorption of a local poison, how difficult must it be to decide that the milder cases of membranous sore throat are not cases of diphtheria in which no absorption has taken place. As is well known, some constitutions seem almost proof against what are known in general terms as contagious diseases.

Admitting, then, that sore throat, even of a mild character, should not be neglected, the question of treatment requires consideration. What method shall be adopted? There is strong reason to believe that scarlatina and diphtheria are connected essentially or indirectly with the development of germs, and the local remedies used should therefore be taken from the class of valescence ensued in about five days. Ten days later the youngest child was seized with scarlatina simplex. On the day succeeding the first of the youngest child's illness (Tuesday), the eldest, who had suffered from scarlatina at a previous period, was attacked, however, with sore throat and fever, unattended by any eruption. The nurse had severe tonsillitis, which commenced on Wednesday, and on the following Friday the third child showed febrile

antiseptics. Such remedies have been used even long before the germ theory was in any favor, apparently because they were found of use. Germ life is a kind of cell life, and in order for cell life to continue, investigations have shown that the fluids which run into and out of the cell must be sufficiently fluid to permit of easy transit. This circulation is impeded or annulled if these fluids are coagulated. There are also agents, such as chromic acid, carbolic acid, alcohol, chlorine, iodine, sulphur, and permanganate of potash which probably by some different chemical action destroy fungoid life. Carbolic acid is said to produce this result, arresting albuminous metamorphosis. A moment's thought will show that some of those agents, which have been esteemed both as remedial in throat diseases and also as antiseptics, consist of antiseptics in combination with astringents. Of these are persulphate of iron, sulphate of copper, carbolate of zinc. Bare experience, unattended by any theoretical knowledge, seems to have led to the adoption of several such remedies.

These thoughts with regard to the action of certain medicines in sore throat are introduced because it is sometimes interesting to trace out the cause of things, and in the present instance to bring forward a reason why remedies have found favor in acute diseases of the throat. The main point, however, which it is proposed to present in this article are, that *no acute sore throat should be neglected, however mild, and that antiseptics should form a part of the local treatment.* Such attacks should not be neglected, both because they may be *essentially* grave diseases, and also because, if treated very early, early resolution often follows.—*The Medical Record*, Feb., 1875.

EUCALYPTUS GLOBULUS.

BY ALDEN B. MORTON, PHAR. D.

The Eucalyptus Globulus, a species of the family *Myrtaceæ*, is indigenous to Australia and the neighboring islands. About one hundred other varieties of eucalyptus are recognized, mostly belonging to Australia, where they form ninety-nine per cent. of the forest vegetation.

The eucalyptus has been cultivated to some extent in Europe and the United States. It is a tree of gigantic proportions, often attaining the height of 137 metres (450 feet), and has a circumference of 21 metres (70 feet) at the base.

All parts of the eucalyptus are rich in aromatic principles, but they are more abundant in the leaves and flowers than in the wood and bark. The leaves contain a slight quantity of resin resembling the resin of cinchona, a large proportion of essential oil; and from this large proportion of oil contained in the leaves they yield, when burned, a considerable quantity of gas; and it is said that one of the towns in the gold regions was, for a long time, lighted with gas extracted from this source. They also contain a large amount of tannic acid, from which fact they are used for tanning purposes.

It was thought for a long time that the bark contained a principle resembling, if not identical with quinia; but, upon careful examination, it is stated that none of the alkaloids of cinchona exist in the plant in any proportions.

Baron von Müller found, in analysis, that the ashes of the eucalyptus yielded 21 per cent. of potash, which is double the proportion contained in the elm and maple, and they are the trees mostly esteemed for that purpose in our country. Another, and the most important, product is eucalyptol, which is contained in the essential oil. The eucalyptol is a liquid body, closely resembling camphor in its chemical characters, having for its formula $C_{10}H_{16}O$. It is thought by many practitioners that the medical properties of the plant are due to the presence of this oil. The eucalyptol has a very agreeable odor, similar to camphor and lavender, but still differing from either. It is fragrant and delightful, and would, no doubt, make a good handkerchief extract. Its taste is very aromatic, hot, and somewhat acrid.

The virtues of the leaves are extracted by alcohol and water, but dilute alcohol is the best menstruum. The fluid extract, tincture, infusion, decoction and ointment are elegant, deep-colored, and very beautiful preparations. Masticated, the leaves harden the loose and bleeding gums, perfume the breath, and, therefore, would be an elegant addition to tooth preparations. The powdered leaves, infusion and decoction have been used with benefit as dressings for recent wounds—the latter as an injection in fetid and suppurating wounds—also in old fistulæ, acting as stimulants, disinfectants, astringents, and hæmostatics; but its principal therapeutic application has been, thus far, as a febrifuge. Large doses give a slight burning taste, spreading to the œsophagus, and producing a hypersecretion of mucus in the mouth and salivary glands. In the stomach the same sensation of heat is felt. Larger doses (2 to 4

grms.—30 to 60 grs.) produce epigastric heaviness, odorous eructations, and digestion becomes laborious; diarrhœa, the stools having the smell of eucalyptol, sometimes follows the dyspepsia. With moderate doses (1 to 2 grms.), the remedy is well borne. Large doses also sometimes produce congestive headache, general excitation, and a desire to move about—in fact, a veritable fever. Respiratory motions are accelerated, the thirst great; the patient complains of *malaise* and sleeplessness; the contrary takes place in anæmic persons, on whom the eucalyptol produces sleep. All the symptoms are of short duration, and pass off after a few minutes. The Australian, Spanish, and some American physicians, consider it an equivalent, and, in many cases superior, to quinia, as it frequently cures intermittent fevers when the latter fails.

Besides its use as a medicine in malarial fevers, it is said the tree possesses the power of destroying the malarious agency which is supposed to cause fevers in marshy districts, from which circumstance it has been called the “fever-destroying tree;” in this respect it exerts its influence in two ways—first, by its far-spreading roots acting as a sponge in absorbing the water, and by this means draining the ground; second by emitting odorous, antiseptic emanations from its leaves. There is no doubt that by the diffusion of an aromatic, camphoraceous, stimulating odor from their foliage, groves of eucalyptus trees have a marked influence in neutralizing marshy miasma, and thus destroying the germs of malarial diseases. This is the generally accepted theory; but, whatever be the means by which it exerts its influence, the fact is unquestionable, and is testified to in various parts of the world.

Another and very important feature of the eucalyptus is its wood, which will take a fine polish, excelling the English oak in strength and easiness of working, and, on account of the compactness of its cellular structure, which prevents the attacks of insects, it is used extensively in ship-building.

When we consider the beauty of the eucalyptus tree, its power of neutralizing the pestilential effluvia of marshy districts, and its various other uses, we must regard it as one of the most important in the vegetable kingdom.—*Pharmaceutical Gazette*, April, 1875.

THE THERAPEUTIC VALUE OF IODIDE OF POTASSIUM.

As I have for several years paid considerable attention to the action of iodide of potassium, I venture to offer the following

remarks as supplementary to Mr. Spurgin's article in the *Journal* of September 5th, 1874. This medicine has been accredited with many modes of action: thus, in struma as an alterative, in asthma as a sedative, and in diphtheria as an antidote. To all these titles it may have a claim which different observers may think fairly borne out; but certainly the one distinct and indisputable action of iodide of potassium which I have noticed, is that of *stimulating the mucous membranes*; thereby influencing their action and promoting their secretions. Thus, as the results of its use, there are pain and sense of fullness across the eyes; increased secretion from the nares, mouth, fauces and bronchi; leucorrhœa and menorrhagia are greatly aggravated; and in persons very susceptible of its influence, diarrhœa is induced, not so much of a cathartic as a dysenteric kind; that is, rather an increase of mucus with tenesmus than of serum with catharsis.

In a person suffering from an attack of chronic winter cough, the first symptoms are great difficulty in breathing, amounting to a sense of suffocation; hard dry, racking cough, which the patient says he cannot subdue, while he expresses a belief that relief would be obtained if something could be brought up. The suffocation complained of has been attributed to a swollen state of the air-passages, obstructing the respiration; but there is a fair probability that the dry congested condition of the membranes is unfavorable to the interchange of gases requisite for blood-aëration, and the situation of the patient such that however he may fill his lungs, his sufferings remained unrelieved. Whatever the actual state of matters at this point, certain it is, that as soon as expectoration sets in, the breathing is improved; and although the disease has by no means gone, the patient is so far better. Many hours of severe suffering may be obviated by taking advantage of the power of iodide of potassium to restore and promote the secretion of the bronchial membranes, thereby greatly relieving the congested blood-vessels, producing comparative tranquility of breathing, and getting the patient over the first stage of the disease much sooner than he otherwise would. This, however, is possibly not its only value. For, here again, however opinions may differ as to the cause of the emphysema which from an early period exists in these cases, no one can have witnessed the severe and straining cough at the onset of the attack, without feeling that it is at least possible for either dilatation of the air-cells or rupture of the tissue of the lung to take place—complications much less likely to occur, so far

as the cough is concerned, when the sputum has been rendered easier of expectoration and the irritability of the congested membranes removed by free secretion. It is further to be remarked that the action of the iodide of potassium changes the purulent character of the sputa in chronic bronchitis to a much healthier appearance. From this view of its operation, it follows, as a matter of course, that when free secretion of mucus has set in the medicine should be used with caution or altogether abandoned; and, therefore, when in the treatment of bronchitis—capillary or chronic—moist *rules* are fairly established, the further management of the case should be on the principle of preventing a too abundant secretion, at the same time employing such means as may assist expectoration and maintain the strength.

In asthma, iodide of potassium is recognized as a valuable medicine. Here the explanation of its action generally given, is that of a sedative relieving bronchial spasm; evidence of the presence of spasm being found in the wheezing and whistling sounds heard in auscultation. Either of these sounds, however, fairly suggests the question, how far a fit of asthma is dependent on, at all events, greatly aggravated by, an abnormally dry condition of the mucous membranes, acting as in the diseases already mentioned, which is relieved by the iodide restoring the secretion.

In diphtheria, iodide of potassium is looked upon by many practitioners as the best remedy we possess. Here its alterative and sedative actions are laid aside, and we have it doing duty as an antidote to diphtheritic poison; although, so far as can be seen, it exercises no new influence. In this disease, while there is free secretion from the nares, the breathing and cough-sounds are usually not very alarming, nor is respiration greatly impeded. It is not till the nares become dry—and doubtless the pharyngeal, laryngeal, and tracheal secretions diminished—that the formation of false membrane proceeds with fatal rapidity; hence, it does not seem too much to assume, so long as an iodide can keep up these secretions in such profusion as to prevent them from remaining on the parts sufficiently long to undergo membranous change, so long will its action be beneficial. The idea of an antidote might be more satisfactory; but it cannot be substantiated; nor does this view of its action afford any indication as to what extent the medicine should be given; whereas, by paying attention to the degree of influence exerted upon the mucous secretions, the dose and frequency of administration may fairly be ascertained; if not,

indeed, the knowledge acquired as to whether or not it is doing any good.

Without at present entering into a consideration of the influence of iodide of potassium on digestion and assimilation—the real sources of its so-called alterative power—I may state as my conviction, that in all the various manifestations of struma, etc., where the medicine is of service it acts, so far as the iodine is concerned, in stimulating the mucous membrane of the stomach and duodenum—possibly, by sympathetic action, the liver and pancreas also—to increased secretion, whilst its alkaline base tends to promote the digestion of fat and starch.

For the dose no absolute rule can be laid down, because in few respects, indeed, to constitutions and temperaments differ more than in the relative irritability of the mucous membrane, and consequently, the power of iodine to influence their action. Persons of the bilious temperament usually resist its power to a wonderful degree, whilst, in those of the lymphatic, sanguineous, and, above all, the nervous, a few doses of two grains each will often suffice to cause coryza, ptyalism, pharyngeal irritation and cough. In such diseases as diphtheria, the object should be to produce its influence as rapidly as possible, whilst in others, as struma, small doses long-continued are preferable.—*Canada Med. Record*, March, 1875.

Monthly Summary.

OF Therapeutics and Materia Medica.

Keeping the Bed After Confinement.

Dr. William Goodell, of Philadelphia, in his account of the arrangement of lying-in women in the Preston Retreat, writes as follows in regard to the common practice of keeping the bed:

“Lying-in women are encouraged to get up for good when they feel so disposed, because there are, to my mind, strong objections to the rigorous maintenance of the recumbent posture. Labor is in general, a strictly physiological process, and there can be no sound reason why it should be made to wear the livery of disease. Nature teaches this very plainly, for most women want to get up long before their physicians are willing to let them. The fact of a woman’s wishing to get up is to me a very good reason why she should get up. In the second place, few physicians will deny

that nothing so relaxes the tone of muscular fibre as a close confinement in bed. In my experience a woman ordinarily feels stronger on the fifth day than she does on the ninth, if rigorously kept under quilts and blankets. Once more: the upright position not only excites the womb to contract, but, by distributing the blood and equalizing the circulation, it actually lessens the amount of the lochia and shortens their duration. On the other hand, the dorsal decubitus keeps up a passive congestion of the womb as a whole, the engorgement of the greatly hypertrophied placental site, and a blood stasis in the now thickened posterior wall—all important factors in hindering the process of involution. Again: uterine diseases are hardly known among those nations whose women early leave their beds. From passages in the writings of the classics, it is evident that among the ancient Greeks and Romans those models of physical strength and beauty, the women arose and even bathed in a running stream, very shortly after delivery; in some cases on the very day. Finally: what is sounder than all theory, a sufficiently long and well-sifted experience has proved to me that, by such a treatment, convalescence is rendered far more prompt and sure. At this result, very unexpected to the multiparous patients of the Retreat, they are constantly expressing their surprise.”—*Amer. Med. Weekly*, Feb., '75.

Treatment of Pertussis by Inhalation.

Dr. J. Winthrop Spooner, in the *Boston Med. and Surg. Jour.*, Nov. 5th, 1874, details the results of his experience in eleven cases of whooping cough, treated by the plan recommended by Dr. John J. Caldwell, of Baltimore, in the number of that journal for April 20th, 1871, viz:

℞	Fl. Ext. Belladonnæ.....	m v. to x.
	Potas. Bromid.....	℥ j.
	Ammon. Bromid.....	℥ ij.
	Aquæ.....	℥ ij.

M. S.—Inhale one tablespoonful in an ordinary steam atomizer.

Dr. Spooner is in the habit of using a tablespoonful of this mixture, and filling up the glass of the atomizer with water. When the disease is at all severe, he uses the atomizer twice daily until the urgency of the symptoms is relieved, and then continues it once daily until the cough has entirely disappeared. In some cases, he has somewhat varied the proportion of the ingredients, but has made no essential departure from the formula given. The

effect of the method shows itself immediately, and besides the prompt relief of the distressing symptoms, the period of the disease itself is much lessened in the majority of cases.

In only one of the eleven cases was any other treatment than that by inhalation used; and the apparent failure in this case seems to be due to the difficulty in administering the remedy thoroughly on account of the age of the child—only two years old.—*Virginia Med. Monthly*, January, 1875.

The Remedial Use of Sea Water as a Beverage.

Dr. Lisle, in the *Bulletin de Therapeutique*, recommends sea water as often beneficial. He finds that its continued use increases the appetite, facilitates digestion, quickens nutritive changes, and augments the proportion of red corpuscles in the blood. Accordingly he recommends: 1, during convalescence from acute diseases; 2, in the apyretic forms of dyspepsia; 3, in neurosis associated with impoverishment of the blood; 4, in the scrofulous and tuberculous diathesis; 5, in diabetes. Sea water may be agreeably administered in bread, in the form of a syrup, or in that of an elixir. Bread made with sea water can only be procured at the seaside; it is very palatable, and contains nearly five grammes of the mineral constituents of the water in each pound. The syrup is prepared by mixing 250 grammes of sea water with a sufficiency of sugar and distilled water to make 500 grammes. Each table-spoonful of the syrup contains about twenty-five centigrammes ($3\frac{1}{2}$ grains) of the saline residue of sea water; from two to five table-spoonfuls may be taken daily. The formula for the elixir is: Sea water, 200 grammes; rum, 200 grammes; sugar and distilled water up to 500 grammes. The dose at first is a table-spoonful three times a day.

To the obvious objection that a pharmaceutical mixture of the saline constituents of sea water in their due proportions would serve the same remedial purposes as the sea water itself, Lisle replies that the efficacy of all natural mineral waters is very much greater than that of their manufactured counterparts, the testimony of those who have instituted comparative trials being all but unanimous on this point.—*Med. and Surg. Reporter*, April, 1875.

Aconitia in Surgical Practice.

At the recent meeting of the French Association for the Advancement of Science, at Lille (*Le Progres Med.*, Aug. 29), H. A. Paquet read a paper upon the employment of aconitia in the

serious symptoms attending conditions of the organism occasioned by a grave wound. He had been led to the employment of this drug by the successes which had been previously obtained with it by Tessier in metro-peritonitis; by Chassaingnac, who gave it as a preventive before operations; by Gubler, who administered it in intermirtent fever; and by the experiments of Liégois, Hirtz, and the more recent ones of Gerhant, "showing the sedative influence of aconitia upon the nervous and circulatory systems." The variety employed was the amorphous, or German aconitia, given in doses of from four to six milligrammes (gr. 1-16th to gr. 10th,) in the form of granules. M. Paquet was not disappointed in the expectations he had formed as to its value, and in eight cases which he communicated to the Society, he had obtained excellent results with it. Three of these were instances of large lacerated wounds, accompanied by tetanic symptoms; two were cases of phlegmonous erysipelas, and three were operations for strangulated hernia. M. Paquet asks whether the drug may not also be useful in preventing purulent infection. A peculiar phenomenon is observed during the administration of aconitia, viz., the occurrence of troublesome itching over all the body, especially on the face and about the ears. —*New Remedies*, April, 1875.

External Use of Turpentine in the Treatment of Tonsillitis.

In the *Leavenworth Medical Herald*, Dr. S. H. Roberts strongly recommends the use of turpentine externally in tonsillitis. He folds the flannel to four thicknesses, wrings it out in hot water, and pours oil of turpentine over a spot the size of a silver dollar. The flannel is then applied over the sub-parotid region, and the fomentation continued as long as it can be borne. After removal, a dry flannel is applied, and the same region rubbed with turpentine every two hours. This application is continued daily till resolution occurs. The doctor believes, from the evidence of his long experience, that thus applied early in the disease the oil of turpentine has almost a specific effect in tonsillitis. That its action is not simply that of an irritant, he has proved by employing mustard, croton oil, tr. iodine, etc., in the same class of cases. They always failed to diminish the inflammation of tonsils, while the turpentine succeeded —*New Remedies*, April, 1875.

Local Use of Vinegar in Prurigo and Pruritis.

Dr. W. A. Hardaway, St. Louis, states in the *Missouri Clinical* (December, 1874), that Dr. Bowling, of Tennessee, declares that (Watson's *Practice of Physic*, last edition, foot note) the plan of

sponging the parts affected by prurigo, night and morning, with the best *cider* vinegar, and, after the vinegar has dried, smearing the surface with citrine ointment, generally produces a cure within a week. Dr. Hardaway confirms this statement, and remarks that he has found vinegar of special benefit also in pruritus dependent upon general causes, though he does not affirm that it is indicated in the itching of eczema and diseases of that class. These remarks are followed by reports of three cases:—one of *prurigo senilis* of long standing, relieved entirely of itching within a few days by the use of vinegar and citrine ointment; one of *pruritus of the scrotum* of several months' duration, entirely relieved within five days by the use of vinegar alone; and one of *pruritis hiemalis*, of Duhring, treated by vinegar—discharged well within a week.

According to Dr. Duhring, *pruritis hiemalis* occurs during autumn or early winter, when it disappears to recur the following season. It is characterized by the sudden supervention of itching, usually of the lower extremities, coming on at night, and sometimes so severe as to prevent sleep; but as a rule it does not return until the next night. It has no primary eruption; but secondary lesions are well marked if the trouble is long-continued or severe. It attacks both sexes and all ages.—*Virginia Medical Monthly*, January, 1875.

Hypodermic Aperients.

M. Lutton found, in 1873, that a subcutaneous injection of a solution of ten centigrammes of sulphate of magnesia in one gramme of distilled water acts as a laxative, or even as a true purgative. Subsequent investigations have also proved to him that these purgative hypodermic injections in the above dose suspend symptomatic vomiting in cancer of the stomach, dyspepsia and gastric catarrh. He also recommends their trial in the nervous vomiting of pregnancy, of migraine, of sea-sickness and of essential ileus.—*New Remedies*, April, 1875.

Traumatic Tetanus Successfully Treated by Chloral-Hydrate and Potassium Bromide.

By W. E. PITMAN, M. D., Lynchburg, Va. Dec. 12, 1874.—Mary M—, æt. about 5 years. Tetanic spasms came on so suddenly and severely as to throw her from her chair. She had violent spasms before I saw her. The jaws were clinched, and there was marked tendency to opisthotonos; some dysphagia, though she could be made to swallow. I gave during the first day

potassium-bromide, gr. xij, with chloral-hydrate gr. v every two hours, gradually lengthening the intervals until the spasmodic movements ceased. The child has entirely recovered.—*Virginia Med. Monthly*, March, 1875.

Gargle for Sore Throat.

Dr. F. A. Burrall, of New York, says that for two years he has had experience in practice in the use of the following gargle, which is especially serviceable when used early in sore throat, when it seems, sometimes, to abort the attack.

℞ Bromo Chloralum.....
Glycerin..... āā p. æq.
Tr. Cocci Cacti..... q̄s. M.

Two teaspoonsful in a goblet of water used as a gargle every half hour.—*New Remedies*, April, 1875.

Ointment for Sycosis.

Dr. S. Smith, of New London, Ct., sends us the following formula for an ointment, which he has used for several years, with unvarying success, in the cure of this intractable affection:

℞ Acid Tannic..... gr. xv.
Sulphur..... gr. xij.
Aquæ Rosæ..... gtt. xviii.
Adipis 3 ijs. M.

Apply a quantity the size of a pea to the affected spot every morning and night.—*New Remedies*, April, 1875.

Ascarides Treated by Enemata of Cod-Liver Oil.

Five tablespoonfuls of the pure oil were prescribed by Szerleki, as an enema, to be used twice daily. The effect of this treatment was primarily to bring away many living worms, and, after being continued for some days, to relieve the patient wholly of the itching and soreness in the perineum, and of the resulting fever, by which he had been very much reduced.—*Med. Record*, Jan., 1875.

Solution of Morphia for Hypodermic Injection.

Dissolve ten grains of hydrochlorate of morphia in two drachms of distilled water by the aid of heat, without any acid, spirit, or glycerin. Two minims of this solution, *i. e.* one-sixth of a grain, should be the commencing dose. It becomes solid at ordinary temperatures, and when wanted for use must be heated. The advantage is, that however long it is kept, the solution never spoils.—*Canada Lancet*, April, 1875.

Editorial.

Elixir Iodo-Bromide Calcium Compound.

A Case of Scrofulous Abscess.

On the 13th day of October 1874, Mr. E. M., aged about 28 years, a worthy young man of good habits and well educated, presented himself at my office. His history of his affection was that during the month of August previous, an indolent tumor commenced forming over the right parietal bone, extending to the centre of the head above and posteriorially to the os-frontis. This tumor increased in size, in spite of all that had been and was doing to arrest it.. He had placed himself under the care and treatment during September, of two good Physicians, and they attempted to open the abscess by lancing, but failed to reach the pus, with which it was then extensively filled. Not obtaining any permanent benefit from their treatment, he came to me with but poor prospects of a recovery as at this date the abscess was enormous in size, I made an examination and did not hesitate a moment as to the proper future plan of treatment, as at this time his general health was fast giving way, from the absorption of so much purulent matter. I with an abscess-lancet made an incision just back and a little above the right ear, which gave exit to over a pint of very offensive pus, I then introduced a seton to keep a free opening for the discharge, which continued until about the 15th of April 1875. Having at that time one or two bottles of the Iodo-Bromide Calcium Comp., Elixir and also the Solution, I prepared an eight oz. bottle of that, and the Syrup of Iodide Iron, with directions to take one tea-spoonful for three day's, one-half hour after each meal and on the fourth day to double the dose, dressing the abscess with a weak solution of Carbolic Acid and Glycerine. After the first 30 days, I injected Carbolic Acid and water directly into the abscess, in order to stimulate the entire diseased portion of the affected part.

At the expiration of the second month, I gave him internally, the Iodo-Bromide Calcium Compound Elixir, and used the Solution with an equal part of Tinct Iodine externally. My patient was from his first visit to my office, very disheartened and discouraged, but my faith in your excellent chemical production—although it was the first time since its discovery, that I had had a chance to test the merits of the Iodo-Bromide Calcium Comp., that I promised him a cure, if he would persevere and also "have faith with his works." By my direction, he continued to use the Elixir also the Solution for at least five months, until the last of March, when every vestige of his disease had been eradicated from his system, and he was cured, and has since been appointed by our County Commissioners, Assessor of our Township, and can perform as much or more hard labor as at any time during his past life. In sending out this valuable medicine broadcast throughout the entire union of States, you have been in-

strumental in curing and relieving scores who were afflicted with that class of blood diseases, which have heretofore baffled the skill of many of our most skillful Physicians. But with this additional weapon of our warfare against disease, we are able to defy this monster, a scrofulous diathesis, with all its varied forms of attack, and exclaim, while we hold the Iodo-Bromide Calcium Compound as our defense. "Thus far shalt thou go, and no farther."

Respectfully yours,

W. T. CLELAND, M. D.

A Case of Abscess in the Cerebellum.

Treated by C. W. HODGE, M. D., of PEACE, Rice Co., Kansas.

A young lady aged 28, was seized 4th Sept., 1874, with inflammation of the bowels, the inflammatory symptoms were subdued by the usual treatment, but the bowels continued very obstinate, and were not moved in a satisfactory manner until the 12th, during this time a variety of purgatives had been given, with repeated injections, and by calomel given as a purgative, her mouth had been affected as early as the 7th. From the beginning of the attack she had been affected with pain in the left ear and about the 7th began to complain of headache, this was at first slight and amid the urgency of other symptoms excited little attention, it increased however, and on the 11th had become violent, so that she lay pressing her temples with her hands and screaming from pain; the pulse was at this time natural and she was free from vomiting and uneasiness in the bowels. On the 4th there was considerable discharge of matter from the left ear. On the 13th the pulse rose suddenly to 160, and there was such a degree of sinking as required the use of wine, the pulse soon subsided, so that on the evening of the 14th it was at 80, and on the evening of the 15th it was at 60, the headache continued unabated; on the 16th there was a tendency to coma, it was increased on the 17th, with dilatation of the pupil, there was now little room for active treatment. I now commenced treatment with TILDEN's Elixir Iodo-Bromide Calcium Comp., twenty drop doses every two hours, combined with wine, on the 18th the pulse began to rise again, but was very variable, in the course of a few minutes varying from 80 to 120. She lay in a state of great oppression, but when aroused she talked sensibly.

She now began to rapidly improve, in ten days was able to be up about the house. I want it understood that this case of abscess was of twelve years standing. Three months from the day of her convalescence, by the use of TILDEN's Elixir Iodo-Bromide Calc. Comp., in teaspoonful doses three times a day, she was entirely cured of the abscess. I consider this one of the best remedies for chronic diseases that has ever yet been discovered.

Cancer of the Breast.

L. H. EENST, M. D., East Saginaw, Michigan.

Mrs. H., wife of a prominent citizen of the place—married five years—

no children—called at my office last July, for medical treatment. She was much depressed in spirits, having been told by her last medical adviser that she had or would have cancer of the breast, of which her mother and two sisters had died—Found an enlargement of the nipple, of an ash-grey color, and rather contracted, with occasional slight cutting pains—pain in back of neck, but no enlargement of glands in the axilla. There was a number of scars in the neck, from the opening of scrofulous tumors or abscesses. Her face was almost a complete scab, presenting a wretched appearance. I gave her at once a vegetable emetic, followed by a dose or two of Compound Cathartic Pills, to unload the portal system—then for several days by small doses of Calomel, Magnesia and Charcoal. I then put her on the Elixir alone commencing with teaspoonful doses, gradually increased to a tablespoonful—at the same time used the Solution Iodo, diluted one part to ten parts of water as a topical application to the breast. In three weeks time her face was quite smooth, and all the scales had disappeared, her general health rapidly improving. In three months the swelling in the breast had entirely disappeared—the nipple presented its natural color—the part once affected could be smartly slapped without causing any pain—I however persevered in the use of the Elixir two months longer, at the expiration of which I had the satisfaction of pronouncing her absolutely cured—and dismissed the case.

Secondary Syphilis.

L. H. ERNST, M. D., East Saginaw, Michigan.

T. R.—aged 25 years, called on me in Jan'y. last—suffering from secondary symptoms—mouth and throat very sore, with loss of hair—tongue fearfully cut up, discharging pus of most offensive odor—could not masticate his food, and was able to swallow with great difficulty. In fact he was thoroughly mercurialized. I commenced to clean out the system, as is my mode in such cases. I applied Iodoform to the sores once a day, and had him rinse his mouth and gargle his throat with the Elixir Iodo, after which he would swallow the same. In a few weeks the symptoms had abated—his general health was very much improved—and at this time there is every indication of a thorough cure. The profession and the public owe the Messrs. TILDEN a debt of gratitude for having introduced a reliable and valuable adjunct to the *Materia Medica*.

In Ague.

Case in Practice—by Dr. J. A. INGLES, Morea, Crawford Co., Ills.

"Hattie J.—aged four years—who was brought to me by her father to be treated for chills—which had occurred every week for a whole year—He told me that he had exhausted all the usual modes of treatment without success. I prescribed the Elix. Iodo, in doses of from 15 to 20 drops three times daily. In two weeks the chills had entirely disappeared—though I ordered the medicine continued a week or two longer. Six months have now elapsed, and there has been no recurrence of the symptoms—and the patient is radically cured."

Otorrhea and Partial Deafness.

By HUGH HOLLIS, M. D., Jack's Creek, Tenn.

Some time ago I was called upon to prescribe for Miss E. F., et. eighteen, of scrofulous diathesis, who, when twelve years of age had a severe attack of scarlet fever, which developed during convalescence Otorrhea, and its usual sequelæ, partial difficulty of hearing, and which had been gradually growing worse ever since, until she came under my care, when destruction of audition was well-nigh complete. Cherishing the highest regard for the professional integrity of Messrs. TILDEN & Co., and being favorably impressed with the truthfulness of the unsolicited testimonials of the efficacy of their Elixir Iodo-Bromide of Calcium Compound, in the treatment of affections of this kind. I at once prescribed, viz:

℞ Elixir Iodo-Bromide Calc. Comp. $\frac{3}{4}$ viij.

Sig. One teaspoonful in a little water thrice daily, before meals. And as a measure of cleanliness, directed the ears to be syringed out night and morning, with tepid castile-soap suds. By the time the Elixir was out she was so much improved that she insisted that the prescription be duplicated, which was done, and when that was used, she had regained her hearing to a greater extent than she, or her parents thought possible, and of course were highly elated. This being all that I had of the Elixir, and she being in indigent circumstances was unable to procure more, so she was compelled (however sad it may seem,) to cease using it just as the evidences of permanent relief were being revealed. By the crucial test of experience, I am convinced that it is a preparation of unrivalled excellence, and regard it as eminently proper, in the correction of the pathological states herein mentioned, and as an alterative one of sterling merit, and should head the list.

Ulcerative Sores.

From Dr. JOSEPH CHAPMAN, Becker, Minn.

"Your publications reached me safely. I had scarcely read them when a lady called for my advice. She was covered with running sores, about her face and neck, and also on her arms and chest. She had spent a goodly sum without the least benefit, and begged me to help her if I could. After a thorough examination of her case, I decided to put her on the Elixir Iodo-Bromide Calcium Compound. She has finished one bottle of the Elixir, and used about half of the Solution as a wash, and to my surprise every sore is healed. When she commenced its use three of the ulcers would measure at least, two inches in diameter, exuding a yellow waxy matter which formed in hard scabs upon the surrounding skin. She is very happy at the result, and I assure you I am equally so, and shall now use this remedy with the greatest confidence."

In a Case of Chronic Eczema.

Extract from letter of G. W. BOOTH, M. D., Guntown, Lee Co., Miss., April 12, 1875.

"I have used the Elixir Iodo-Bromide Calcium Comp., in a case of chronic eczema, with complete success. The case was of some years

standing, and would improve for a short time under local treatment—but soon be as bad as ever. I used three bottles which effected a cure.

I entertain a high opinion of the article as an alterative and tonic, and think it is destined to take the highest rank as a therapeutical agent in the hands of all intelligent physicians."

In Cases of Scrofulous Diathesis.

Extract from letter of W. H. MAIKEN, M. D., Iconium, Iowa, Feb'y. 18, '75.

"I wish to say a word of praise for the Elixir Iodo-Bromide Calcium Compound. I have used it in cases of scrofulous diathesis with the best results. I have also used it internally in cases of ulceration of the uterus, with good success."

In Malignant Scarlet Fever.

Extract from letter of W. B. RICE, M. D., Niagara Falls, N. Y., Feb'y. 23d, 1875.

"Having used the Elixir Iodo-Bromide Calcium Comp., in malignant Scarlet Fever, with marked success, and as that malady in certain stages seems closely allied with Diphtheria, I determined to make trial of it in the latter complaint. So far as my limited opportunity to judge goes, I am more than satisfied with the result. For the last three weeks I have not lost a case, and I may truly say that I have had some very severe ones."

In Rheumatic and Scrofulous Affections.

Extract from letter of R. COUCH, M. D., Carpenteria, Santa Barbara Co., Cal.

"I have used the Elixir Iodo-Bromide Calcium Comp., with marked success in Rheumatic and also Scrofulous Affections."

Bromo-Chloralum.

Milan, R. I. Co., Ills., April 23d, 1875.

Messrs. Editors:

Dear Sirs,—While acknowledging the receipt of late papers, I must in justice to you, add another warm recommendation of the magical antiseptic powers of the Bromo-Chloralum. As an illustration, I will cite the following as one of many *bad* cases that has yielded kindly and promptly to this wonderful curative agent in my hands.

On the 8th of March, 1875, Mr. Thos. Easton, a coal miner, æt. about 50 years, met with a severe accident, by which the posterior surface of the left arm from the elbow up, was laid open, five inches in length, and down to the bone parallel with its shaft, with very extensive contusion of the muscles down to the middle of the forearm, with fracture of the radius, 2 inches below the elbow. Upon the fifth day after the injury, erysipelatous gangrene supervened, attended with very rapid disintegration and sloughing, leaving an excavation five inches in length by four in breadth. The constitutional disturbance was grave, death seeming imminent. At

this juncture, the Bromo-Chloralum of strength, one part to eight of water, was freely applied over the raw and bruised surfaces, and repeated several times daily. In many places the integument was undermined—with deep pits drifting down towards the elbow joint, but the disease was hunted out and promptly attacked in all its hiding places, by the syringe charged with the Bromo-Chloralum, until it was promptly and completely cured, which was accomplished in a few days. And at this writing *the wound is healed*, and the patient restored to his wonted health.

Yours, A. R. LOGAN, M. D.

For Sore Eyes, Conjunctivitis, &c.

Dr. INGLES of Morea, Ill., recommends:

In treatment of inflammation of the eye, and conjunctivitis, I use a salve made according to following formula:

R	Bromo-Chloralum.....	1 part.
	Glycerine	2 parts
	Simple Cerate.....	7 parts. M.

Mix thoroughly, till it forms a smooth ointment or salve, then apply to the lids of the eye, two or three applications generally suffices to cure.

I have invariably found it to give relief, and after three or four applications to effect a cure."

Ergot, "Formula of 1874."

Physicians in using the Ergot of Formula, 1874, would do well to observe the following method of use, as the most satisfactory with those who use it largely.

This preparation of Ergot being differently prepared and much stronger than any other, should be administered by putting two to four drams in an equal quantity of water, and giving teaspoonful doses at intervals of fifteen minutes until the specific effect is produced.

A Pharmacal Novelty.

On the first of last January the *Pharmacal Gazette*, which had been published for some time at Nashville, Tenn., and had attained a deservedly high position among pharmacal periodicals in this country, was changed from a monthly to a weekly. Being the first and only weekly of the kind, it truly is a novelty in American Pharmacy. Each number contains sixteen pages of royal octavo double column, elegantly printed on fine book paper.

Its general arrangement and make-up is excellent, each number giving a uniform large variety of the most interesting and useful matter. The subscription price is very low, making it one of the cheapest papers for the pharmacist and physician published.

Correspondents will oblige by writing plainly their *names, Town, County and State*. We are frequently unable to answer letters because these are omitted.

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[No. 7.

Communications.

DIGEST OF CASES AND TREATMENT.

BY JOSEPH BATES, M. D.

Quinine in Pertussis.—In the *Philadelphia Medical Times*, J. W. KEATING, M. D., has published a very valuable paper relative to the treatment of whooping-cough with *quinine*. Dr. K.'s opportunities for investigating this subject were ample, as he was resident physician in the children's ward of the Philadelphia Hospital. In this notice, I shall speak of only two of his patients, and add his conclusions.

He narrates the case of a child fifteen months old as extremely severe, and as not associated with any complications. The number of paroxysms during twenty-four hours previous to treatment was carefully noted. The Dr. ordered one-half grain of quinine every hour during the day, and the same dose to be repeated during the night every two hours. At the close of twenty-four hours, the Dr. states, that the paroxysms of coughing had diminished in frequency exactly *one-half*. This experiment was often repeated with the same results, until at the end of a week, at which time the paroxysms were very few, but had not diminished in severity.

Another case is mentioned, of a girl fifteen years of age, as suffering from a severe attack of pertussis. This patient was

particularly annoyed by severe spells of coughing during the night, which nothing seemed to relieve. The Dr. gave the quinine treatment in this case; and the result, he says, was truly wonderful.

After the first day, there was very little cough, and in less than two weeks the disease had entirely disappeared. The conclusions to which the Dr. arrives are as follows:

1. That, in most cases, quinine, given in solution, will diminish the frequency of the paroxysms of whooping-cough, provided it will be given in sufficiently large doses.

2. That quinine can be given to children in proportionally much larger doses than to adults, but, that in very young infants it is contra-indicated, as it always causes vomiting.

3. That carbonate of ammonia will in almost all cases relieve the severity of the paroxysms, and consequently should be given in conjunction with quinine, when this indication for its use exists.

4. That the dose of quinine for a child of two years should be at least ten grains daily, in divided doses; it should be watched carefully and increased, if it produces no effect. For a child of twelve years, he advises, to begin with fifteen grains daily, and note the effect of each dose. The drug, he states, should be frequently discontinued for a day or so, as it seems to lose its effect.

In the Report of the New Jersey State Medical Society, Hydrate of Chloral is commended as the most valuable remedy we possess in the management of this malady, especially in children. Improvement is said, usually to appear in two days. To secure its good effect it must be regularly administered, so that the effect may be steadily maintained.

Scarlatina.—Dr. BLAND states that in the treatment of scarlatina anginosa, he must again renew his endorsement of the internal administration of the hyposulphites and carbolic acid. The results observed in this disease with these remedies, he says are unprecedented, and give every evidence to warrant their continued use. He observes that he recently treated seven cases in one family, four of whom had severe throat ulcerations. Carbolic acid and glycerine as a topical application to the throat, the hyposulphite of soda internally, with good nutritious diet and febrifuge mixtures as required, was the treatment, and in eight days the patients were all well. Dr. B. states that a number of his colleagues have tried the foregoing remedies and give them their unqualified endorsement.

HEMORRHOIDS successfully treated by injections of ergot. Dr. G. W. SEMPLE, reports five cases of piles, two of which were complicated with prolapsus of the rectum, successfully treated by injecting into the rectum, subsequent to every fæcal discharge, half a drachm fl. ext. ergot with half an ounce of water. One patient is reported as having had a greatly enlarged spleen, reduced to its normal size by the treatment. Another was that of a pregnant woman who suffered not in the least from the treatment. (*Virginia Med. Monthly.*)

Dysentery Cured without Opium.—(From the *Detroit Review of Medicine*, Feb. No., 1875.) This paper narrates a number of cases cured in a short time by the author's treatment, a few of which will be cited. It was read before the Detroit Academy of Medicine by J. H. CARSTENS, M. D., Lecturer on Clinical Medicine, Detroit Medical College. The Dr. reports these cases as genuine dysentery occurring in epidemics.

Frank H., æt. 15, was attacked with dysentery July 3d, during the height of the epidemic. Dr. C. prescribed for him one gr. of quinine, three drops of chloroform, and three drops fluid ext. ergot, every three hours. The bloody stools disappeared the next day, with but slight tenesmus the day thereafter, and in six days he was entirely cured.

Henry O., aged three years, has had dysentery for two weeks; his mother states that the bowels moved every five minutes. The Dr. prescribed suppositories, to be used every two hours. The next day great improvement. Dr. C. ordered twelve more suppositories, which entirely cured the child by the second day, with no other treatment whatever but a good nutritious diet.

Charley K., aged two and one-half years, has been suffering with a diarrhœa for some weeks, during the last three days blood appeared in the stools, much tenesmus during the discharges. Suppositories were prescribed as before stated. Dr. C., calling the next day, was told that some of the suppositories were immediately passed after their introduction, and that they caused much bearing down pain. The Dr. directed that if a suppository passed shortly after being introduced, another should be immediately used, and passed high up. This was done, some passed, others were retained; the blood first disappeared, then the discharges diminished, and the child was well the third day.

Otto N., aged eighteen months, was suffering with dysentery for one week. Used only suppositories, six of which cured the child.

M. W., aged three years, was brought to the Detroit Medical College Dispensary. Child had dysentery three weeks; to-day had already twenty-five passages, with much blood and tenesmus. Began using suppositories, 2 P. M., and until the next morning at 10 o'clock had only two discharges, using suppositories every two hours. Continued the treatment until the next day, when the child was well.

Dr. C. states that Dr. J. P. Corcoran requested a few suppositories to try on a child under his treatment, and furnished him with the results, as follows: Mathew H. aged ten months, with whom I commenced using suppositories August 17, 12 M. Had forty-five discharges during the twenty-four hours preceding this date. Aug. 18, at noon, little improved. Number of stools in twenty-four hours, sixteen. Continued using suppositories every two hours. Aug. 19, only three stools of a natural color the last twenty-four hours. Patient discharged. Charley H., age, one year. Dysentery, one week, not very severe attack. Used suppositories, one every three hours. The next day, after four had been used, child began to vomit, and had to discontinue using them. The vomiting ceased without treatment, and the dysentery had disappeared.

The suppositories employed in the foregoing cases were made as follows:

℞ Pulv. ipecacuanhæ.....	3 ss.
Pulv. ergotæ.....	gr. xv.
Quiniae sulph.....	gr. iv.
Olei theobrom.....	q. s.

For twelve small rectal suppositories.

Dr. C. remarks in closing his communication as follows:—
 “Dysentery being an ‘infectious febrile disease,’ due to a specific poisonous germ, and quinine being the best remedy to destroy and neutralize the specific poisons, it ought to be good for dysentery. Ulceration being a prominent result of dysentery, as quinine diminishes ulceration, this is the remedy. Hemorrhage is a prominent symptom, and as ergot contracts the smaller blood-vessels, and prevents hemorrhage, that is the remedy. Severe spasms and tenesmus being complained of by the patient, and ipecac being most emphatically an antispasmodic, it is good for dysentery.

The proportion of these remedies in each suppository should be regulated by the symptoms. From these few cases I would conclude—

1. That by means of suppositories we can cure dysentery.
2. That this is the most rational and scientific mode of treating the disease.
3. That children object less to their use than to nauseous drugs administered by the mouth.
4. And that probably quinine, ergot and ipecac, are the best remedies to use at present at our command."

Opium Poisoning—IS ATROPIA OF ANY VALUE IN THE TREATMENT?—By Jas. L. NEAVE, M. D., Cincinnati, Ohio.

From the *Cincinnati Lancet and Observer*, Feb., 1875. It appears that Dr. NEAVE was taught to believe that in atropia we held an almost certain antidote for opium-poisoning, and he entered the Cincinnati Hospital as an interne, in 1872, (as he says) fully impressed with the idea that in this drug we possessed an almost infallible weapon with which to combat this dreaded narcosis, and only anxious for a case that he might demonstrate, at least to his own satisfaction, what great things modern medicine was capable of, and how far ahead we of the present day, are of olden time physicians, who seemed to hold opium poisoning in such dread. Dr. N. has narrated very carefully the results of three cases of opium poisoning, treated with atropia. Two of his cases he does not regard as having been very favorable for testing the merits of any remedial agent. The third case as reported is, a very fair one to test the merit of the drug. In this case 1-14th gr. of atropia in the aggregate, was given at regular intervals by the hypodermic method, in 2½ hours, and the only effect noticeable was dilatation of the pupils, the general condition remaining unchanged.

The Dr. observes very truthfully: "This amount (1-14th gr.) would certainly appear sufficient to demonstrate the beneficial effects of the remedy did it possess any." The Dr. says, in every case the pupils were acted upon, and this one symptom of the toxic powers of opium overcome. So far as the relief of the patient was concerned, it failed utterly, and as far as so few cases can demonstrate a fact, (he adds) it appears wholly useless as an antidote.

On the Treatment of the Diarrhœa of Typhoid Fever.—From the *Cincinnati Lancet and Observer*. The author of this paper regards the danger in this disease in direct proportion to the intensity and duration of the diarrhœa. He regards the treatment of the diarrhœa as a very important part in the management of the disease. He condemns the use of opiates and astringents,

whether taken into the stomach, or used as enemas. The result of this treatment, in a large proportion of cases, he states, was that the diarrhœa continued in spite of the repressive treatment, and meanwhile the intestines were distended with gas, and the abdomen became tumid and tympanitic. One effect of opium, says our author, is to render the intestines torpid and to lessen their repulsive efforts, and as a result of this, their putrid contents are retained until they decompose and give off noxious gases by which the bowel is distended and irritated, and the diarrhœa prolonged. The healing of the ulcers is thus impeded by the continual contact of the morbid secretions, pain increases, and the risk of fatal perforation or rupture enhanced. For a number of years our author has changed his treatment, and arrived at the conclusion that in the treatment of typhoid fever careful nursing and feeding are of primary importance, while, as a rule, no medicines of any kind are required, and when not required they are often injurious.

The result of this change of treatment has been that the diarrhœa has been less obstinate, while tympanitic distention has been a rare event. "As a rule," says the author of this paper, "a fever patient has the yellow mixture, which is simply colored water; and except an occasional dose of chloral to procure sleep, and a tonic during convalescence, we give no active medicine of any kind." The patients are mainly nourished with milk, beef-tea and two raw eggs in the twenty-four hours. Brandy, in quantity varying according to the urgency of the symptoms of exhaustion, is allowed; but in many of the milder cases, and especially in the case of children, no alcoholic stimulants are required. Mineral acids have been used by the author of this paper and abandoned. He has employed "cold," in the treatment of this fever, and as a result concludes that a hydropathic treatment of typhoid fever in general has no claim to our support.

It is admitted on all hands, in this paper, that the greatest care is required in returning to solid food during convalescence, on account of the extreme sensitiveness of the intestinal mucous membrane at this period. "If then, a slice of bread or a morsel of fish can excite such local and general disturbance even after the subsidence of the fever, how improbable is it that repeated doses of an irritating acid can be given without injury during the height of the fever, when the ulceration of the intestines is actively progressing." We are advised, that the diarrhœa in these cases is often increased by the patient's inability to digest the beef-tea and

eggs which may be given too abundantly. If such be the case, keep the patient entirely upon milk for a few days. We are told that milk has an anti-laxative and even constipating effect in various morbid states, and that it is, when given alone, one of the best antidotes for the diarrhœa of typhoid fever.

ON THE RELATIONS BETWEEN DIPHTHERIA AND SCARLET FEVER. *

ARTHUR RANSOME, M. A., M. D. Cantab., Lecturer on Public Health in Owens College, Manchester.

The following case shows the close connection between these two diseases.

On February 23rd last year, a boy at school had scarlet fever. He was isolated until March 25th, when his brother saw him and took the complaint. Other cases occurred at the school on the 29th, 30th, and 31st. On April 2nd, one of the masters had a rigor and sore-throat; he left at once, and was seen by me next day. On the third day diphtheritic patches covered the tonsils; but there was no rash. Slight albuminuria accompanied the pyrexia; both disappeared by the seventh day. On April 9th, six days after he arrived at home, his mother was attacked, membranous exudation appearing in both tonsils; but there was no albuminuria, and no rash.

The origin of these cases must surely be traced to the epidemic of scarlet fever at the school; for there were no cases of diphtheria either in the neighborhood of the school or near their home. The close relationship of these diseases has often been pointed out. In the *Report of the Medical Officer to the Privy Council* for 1859, Dr. Burdon Sanderson gives cases of diphtheria and scarlet fever co-existing; there also I find three cases of diphtheria following three of scarlet fever, and the former spreading to a neighbouring cottage. These diseases have much in common. They are alike in their zymotic or epidemic character; both are characterised by high pyrexia; their chief point of attack is the throat and the glands of the neck; and a rash is found in both diseases. Their sequelæ are also similar; suppuration in the lymphatic glands, ulceration of the ears, arthritic affections with or without cardiac complication, kidney-disease and dropsy, general or localised paralysis of the nervous system. I have seen each and all of these consequences after both diseases.

* Abstract of a paper read before the Epidemiological Society of London, Jan. 18, 1875.

Some physicians have been led by these points of resemblance to regard them as one disease, the same poison producing different manifestations; but in spite of their similarity, I venture to think the differences are too important and too numerous to permit so simple a solution of the problem. In the first place diphtheria is seen to arise directly from scarlet fever. I have never known the converse action. There are other etiological differences. Though both are contagious, diphtheria is less so, and more frequently occurs in single cases. Where several cases occur together, some general cause is probably concerned. Scarlet fever is more frequently conveyed by clothes or other fomites, by attendants on the sick, and it may be conveyed by means of milk. I am not aware that diphtheria has ever spread by any of these means. The two diseases differ in their geographical distribution. Diphtheria is common in India where scarlet fever is unknown. Colonies and all new settlements seem particularly liable to diphtheria; it has appeared in the Australian colonies and in South America, attacking the otherwise healthy town of Buenos Ayres. In Lima, it was noticed that the black races withstand its contagion. It selects high and well-drained districts, when low-lying lands in the vicinity escape. Dr. Blake, in the *Transactions of the Medical Society of California*, mentions a most fatal epidemic at an elevation of 4,000 feet. Many places in England subject to diphtheria are either high or well drained. Scarlet fever also haunts certain places; but these scarlet-fever fields are not at high levels, nor are they those in which diphtheria is especially prevalent. Diphtheria is often connected with defects in the house-drainage, not always due to imperfection in the house-connection with a general sewage system, but to leakage from private cesspools; so that a question of spontaneous origin may arise in this disease, which is hardly admissible with respect to scarlet fever. Season has a different influence on the two diseases: scarlet fever being most prevalent in the autumn, low barometric pressure and greater humidity in the air favouring its diffusion; while diphtheria may arise at any season, and, in my own experience, its most virulent epidemics have occurred in the summer months.

Another difference is found in the fact that scarlet fever is not often associated with other diseases, while diphtheritic affections are not uncommon in the course of other pyrexial disorders. It is recorded in the Report of the Diphtheria Sub-committee of the Epidemiological Society, that, in the epidemic of 1861, this disease

occurred fifty-seven times alone, thirty-times in association with scarlatina, nine times with small-pox, seven with measles, six with fever, and three times with ordinary sore-throat, croup and catarrh. But in the nature and symptoms of the two diseases are points of unlikeness too great to allow us to rank them as varieties of the same species. Thus, the rash of diphtheria is often absent, is very variable as to the time of its appearance; it occurs seldom at the outset of the malady, and I have seen it as late as the third week of its course. The period at which albuminuria sets in is also different, often appearing in severe cases of diphtheria within the first two or three days, whilst in scarlatina it seldom sets in until degeneration of the kidney is commencing. There is, indeed, an entire absence of definiteness about the duration of the symptoms of diphtheria, which of itself marks it off from the regular sequence of events in scarlet fever. I have known it last for six weeks, and even two months, without any evident affection of the cervical glands, but with constant formation of exudation on the fauces or on other mucous surfaces.

The mode in which diphtheria localizes itself on the mucous membranes, or on the broken surfaces of the skin, would probably be sufficient to separate it from any other disease. I do not know that scarlet fever ever attacks the larynx; but I have seen the diphtheritic membrane appear in different cases upon wounds of the skin, upon blistered surfaces, and upon nearly all the mucous membranes of the body—the lips, cheeks, nose, ears, pharynx, larynx, trachea, and bronchi, and on the anus and vulva; and different epidemics have differed strangely in this respect; in one, the throat would always be the point selected for attack; and in another, the mucous membranes. It is somewhat remarkable in the latter case that although the disease was mild and there were no deaths, the subsequent complications were much more frequent and troublesome.

The last point of difference that I shall mention is the fact that, while scarlet fever seldom reappears again in the same individual, diphtheria seems by its first attack to confer no immunity from subsequent seizures; on the contrary, the susceptibility of the throat seems to be rather increased.

Upon taking a survey of all these relations existing between scarlet fever and diphtheria, it is evident that they are distinct diseases, and yet that there is some very close and definite connection between them. Wherein the bond consists, it is not easy

to point out. From the manner in which the diphtheritic poison seeks out the highest points of the best-drained localities, it has appeared to me most probable that the virus of this disease must be of a more rarefied and subtle nature than the germs that produce scarlet fever.

It is possible that the nature of some other ferments may throw some light on this subject. I would especially call attention to the discovery by M. Berthelot (*Comptes Rendus*, vol. i. p. 980) of an unorganized glucosic ferment in an infusion of yeast resembling diastase; also to the fact that one fermentation by organized beings frequently prepares the way for another. It may be suggested, that in one of these ways the singular relations existing between scarlatina and diphtheria might be accounted for. I do not venture to affirm that there is a strict analogy between these fermentative actions and the zymosis of scarlatina and diphtheria; but, as there exist in nature ferments requiring the presence of living germs, and others acting independently of them, so there are disease ferments with organic germs, reproducing themselves, and others which have no definite term of life, and which are not self-reproductive.

It is probable that, in most cases of fermentation, the living being connected with each kind of this action is of a specific nature, and peculiar to the medium or to the food upon which it lives. In some instances, a ferment either during or at the end of its operation will produce the conditions favorable to the growth of another kind of germ, as seen in the crowd of vibrios appearing at the end of a mycodermic fermentation; so the pyrexial state may produce the condition most congenial to the diphtheritic ferment, whether that may prove to be an organized germ or an unorganized catalytic ferment. As my excuse for offering these suggestions, I will quote, in conclusion, the words of the great philosopher, Robert Boyle: "He that thoroughly understands the nature of ferments and fermentation shall probably be much better able than he that ignores them to give a fair account of several diseases (as well fevers as others) which will perhaps be never thoroughly understood without an insight into the doctrine of fermentation."—*Canada Med. and Surg. Jour.*, April, 1875.

CONTINUED FEVERS—USE OF TURPENTINE AND ALCOHOL.

To repress the intestinal evacuations, Dr. Davis considers that there is no remedy more efficacious, than oil of turpentine, which he combines with a certain proportion of tincture of opium, believing that it not only exerts a peculiar action on the mucous surface of the intestines, by which the tone or contractility of the capillaries is increased, and the accumulation of blood consequently diminished, but that it also increases the activity of the whole capillary vascular system. Hence he believes that it not only fulfills the local indication in such cases, but aids materially in accomplishing another object, viz: To arrest the further engorgement of the pulmonary tissues and to sustain the functions of the nervous and vascular systems. Some physicians, led on by the high authority of Prof. Geo. B. Wood, employ turpentine, we think, without sufficiently discriminating the conditions calling for its use.

We invite special attention to the following: Where there is subsultus, weak pulse, oppressed breathing, a dingy and leaden hue of the skin and mental dullness, symptoms which when present are treated with alcohol by most physicians, Dr. Davis prefers *strychnia*. He asserts that nearly thirty years of careful observation has satisfied him that under such circumstances *strychnia* is a far more reliable remedy for sustaining the nervous functions of organic and animal life than alcohol; while the effects of the latter, in diminishing the decarbonization of the blood make it positively detrimental to the already seriously embarrassed condition of the lung. He does not advise alcoholic stimulants in any of the cases presented in these lectures. In his practice, *strychnia* is often combined with nitric acid and tincture of opium.

He treats *bed sores* by an application of the tincture of the chloride of iron.

In *typho-malarial cases* he does not rely exclusively upon quinine. When called in the early stages, he enjoins rest, a bland, simple diet, milk whey for drink, sponging the surface with luke-warm water, and the exhibition of a mixture of carbolic acid, gelsemium and camphorated tincture of opium, in moderate doses, to counteract the typhoid element, and moderate antiperiodic doses of quinine in the morning remission to destroy malarious influence. The following is one of his prescriptions: \mathcal{R} Acid carbol. cryst., grs. vi; glycerine (puræ), \mathfrak{z} ss; tinct. gelsemii 3 iiii tinct. opii;

camph.. 3 iss; teaspoonful every four hours. In typhoid fever he often combines calomel and quinine; and in relieving the congested condition of the bronchial mucous membrane, he often unites hydrochlorate of ammonia, tartrate of antimony and potash with morphia mixed in syrup of liquorice. Where there is nervous jactitation, delirium, and loss of rest, he is in the habit of giving fifteen drops of chloroform alternating with the turpentine emulsion.

In *malarial* and other fevers, Dr. Davis expresses faith in the alterative action of calomel and extract of taraxacum, and he is in the habit of adding to his prescriptions tinct. sanguinaria, extract of cornus florida, hyoscyamus, etc. As one of the best of the tonics, he sometimes employs the extract of malt (Liebig's) and compound syrup of the hypophosphites, in the proportion of two parts of the former to one of the latter, taken in two drachm doses at each meal time.

In *Rheumatism*, Dr. Davis adds to mixture of colchicum, nitric ether and paregoric certain proportions of tinct. of veratrum viride; sometimes substituting tinct. of aconite to mitigate the pain and lessen the fever. To remove fluid from the joints we are in the habit of using with invariable success large blisters, followed by bandaging. To allay the irritability of the tissues, our author occasionally has recourse to fifteen or twenty drops of the tinct. of stramonium; and to impart tone to the digestive organs, the following is given before each meal: Sub-nitrate of bismuth, six grains; sub. carb. of iron, four; lupulin, two; adding to these when occasion requires bitartrate of potash and morphia, with extract of cannabis indica. To relieve pain at night and to increase all the excretory functions, he employs two grains of opium, ten of nitrate of potash and one of the "mild chloride." In sub-acute rheumatism he gives of tinct. cimicifuga, 3 ii; wine of colchicum, 3 i, a teaspoonful every four hours.

In *Scarlatina*, in which there was paralysis, he combines scutellaria, thus: R. Extract scutellariæ fl. 3 iii; tinct. digitalis, 3 i; potass. iodide, 3 iii—teaspoonful every four hours. In severe case of measles he adds veratrum viride thus to his formula: R. Syr. Scillæ comp., 3 iss; vin antimonii, 3 ss; tinct. opii camph., 3 ii; tinct. verrat. viridis, 3 i—teaspoonful every three hours.

If a mild laxative is required in measles, he adds two grains of leptandra to calomel and soda. When symptoms of pneumonia occur in connection with measles "the best remedy in children is a

combination like the following: 'Liq. ammon. acetatis, \mathfrak{z} iss; syr. ipecac, \mathfrak{z} ss; tinct. opii camph., \mathfrak{z} ii; tinct. verrat. viridis, \mathfrak{z} i—10 20 drops, or dose proportioned to age.' He adds: "I have considerable faith in the popular notion about onions. They certainly afford more relief to the breathing than any other thing we can use. I attribute it to the impregnation of the air which is inhaled, with volatile oil, more than to any absorption from the chest, and think this application preferable to blistering." It will be advisable also, he adds, in these cases to give a powder containing from half a grain to a grain of calomel, with Dover's powder, according to the age and restlessness of the patient. The liquid mixture may be continued at longer intervals, until the symptoms of pneumonia have entirely disappeared.—*Charleston Med. Jour. and Review*, April, 1875.

TANNIN IN THE CORYZA OF ADULTS AND CHILDREN.

"You are constantly telling us," it is sometimes said, "of the great progress made in recent times by medicine, and you have not yet found out, from the time of Hippocrates until now, the means of curing coryza." Those who reproach us in this way forgot to add that, not wishing, for the sake of curing a simple "cold in the head," to submit to any of the hygienic measures rationally indicated, they demand in reality a prompt means of cure, easy to follow, even while travelling. Even those who cry up infallible specifics most loudly have never proposed anything more than some palliative, and these, from ammonia to iodine, are always in a liquid form, just the shape which is most difficult and inconvenient to carry about. In general, all these preparations are far from compensating by their utility for the inconvenience of their employment.

For ourselves, we do not intend to change our habits or suspend our business any longer for the sake of a coryza. Every time we have been attacked by our enemy we have put the question upon a practical footing, and have endeavored no longer to cause the disease to disappear instantaneously by some sovereign *specific*, but to diminish its principal inconveniences, and to render its attacks in some degree tolerable.

Observe how we have attained our object. The first symptoms of coryza are congestion of the mucous membrane of the nasal

fossæ, with dull headache, heat in the upper part of the face, sleepiness, dryness of the mouth and throat, more noticeable when swelling of the mucous membrane closes the nasal passages completely, obliging the patient to breathe with the mouth constantly open. Such are the principal tortures of a "cold in the head," and for which relief is most urgently demanded. It is evident that if an energetic contraction of the mucous membrane can be brought about, so that its volume shall be diminished, this desideratum can be attained. In short, when the air finds a free passage through the nasal fossæ, the frontal headache and the lachrymation will disappear, and at the same time the dryness of the mouth, which may then be kept closed.

In addition, the mucous membrane being compressed like a sponge, makes easy the expulsion of those fluid mucosities which cannot be detached under ordinary circumstances without great effort.

We may obtain these results constantly by the use of tannin made into a powder after the following formula:

R	Tannin.....	gr. $\frac{3}{4}$.
	Pulv. Iris.....	
	Pulv. Althæa. aa.....	gr. xv.
	Tinct. Vanillæ.....	gtt. iv. M.

To be taken in small pinches three or four times a day, or oftener if necessary.

Coryza, which in the adult merely presents inconveniences easy to support, becomes, on the other hand, a serious matter when it attacks an infant. Here, as all physicians know, the occlusion of the nasal fossæ may directly threaten life, because rendering efforts at suction of the breast impossible. It is necessary to act immediately; and it must be confessed that the means heretofore recommended have proved totally inefficacious. Observe our method of combating the danger.

After having prepared the following ointment:

R	Tannin.....	gr. $\frac{3}{4}$.
	Axungiæ.....	3 i. \mathcal{D} i.
	Tinct. Vanillæ.....	gtt. v. M.

We roll between the thumb and index-finger a very small square of paper so as to form a not very rigid cylinder, which will yield easily to any lateral movements which may be made by the infant while it is being introduced into the nostrils. Then, after having smeared the exterior with the ointment, it is introduced deeply into each nasal fossa.

In this manner we often bring about one or two very salutary attacks of sneezing, and always the effect just noticed as occurring in the adult, that is to say, free circulation of air in the nasal fossæ following the subsidence of swelling in the mucous membrane. The parents are always struck with the rapidity with which the infant returns to the breast, thanks to the success of this little manœuvre. It is because we are convinced that we have reesued more than one infant from imminent danger that we lay stress upon the process which has demonstrated to us that, in the medical treatment of infancy, it is the trifling appliances which often produce the best effects.—*New Remedies*, April, 1875.

IS MERCURY A CHOLAGOGUE?

In a paper by Dr. Charles Murchison on the treatment of functional derangements of the liver, in which he reviews in his calm, philosophic way the action of various drugs on the liver, he thus speaks (*British Medical Journal*):

“The results of experiments upon the lower animals have added greatly to the discredit previously thrown upon mercury by its failure, when brought to the test of accurate clinical observation, to absorb plastic lymph in most forms of inflammation; and some eminent physicians are even of opinion that mercury and its preparations ought to be erased from our pharmacopœia. On the other hand, it has been fairly objected that the results of experiments with mercury upon dogs do not warrant conclusions as to its effects upon man; and even granting that in man mercury does not increase the quantity of bile secreted by the liver in health, it does not follow that in disease there may not be some condition adverse to the formation of bile, which mercury may have the power of removing. Much, however, of the difference of opinion between the physiologist and the practical physician may be reconciled by keeping in mind the osmotic circulation as constantly going on between the intestinal contents and the blood. A large part of the bile secreted by the liver and thrown into the bowel is constantly being re-absorbed, to reach the liver again; and accordingly, when the common bile-duct is tied and a fistulous opening into the gall-bladder established, the quantity of bile which escapes from the fistulous opening immediately after the operation is much greater than at any time subsequently. (Schiff.) Mercury and allied purgatives produce bilious stools, by irritating

the upper part of the bowel and sweeping on the bile before there is time for its re-absorption. The fact of mercury standing at the bottom of the scale of cholagogues in Röhrig's experiments is accounted for by its surpassing other cholagogues in this property; for, of course, the larger the quantity of bile that is swept down the bowel, the less is re-absorbed and the less escapes from a biliary fistula. That mercury does act especially upon the duodenum is proved not merely by the large flow of bile which follows its action, but by the fact, discovered by Radziejewski, that leucin and tyrosin, which are products of pancreatic digestion, under ordinary circumstances decomposed in the bowel, appear in the fæces after the administration of mercurials. It would appear then that mercury by increasing the elimination of bile, and of other products of disintegrated albumen circulating with it in the portal blood, is after all a true cholagogue, relieving a loaded liver far more effectually than if it acted merely by stimulating the liver to increased secretion, as was formerly believed, and as some authorities still maintain; for in this case it might be expected to increase instead of diminish hepatic congestion. It is not impossible also that the irritation of the duodenum by calomel and other purgatives may be reflected to the gall-bladder, and cause it to contract and discharge its contents, and thus account in part for the increased quantity of bile in the stools.

"There are also, I think, grounds for believing that, apart from its increasing the discharge from the bowel, mercury exerts a beneficial action in many functional derangements of the liver, in whatever way this is to be explained. Patients of the greatest intelligence suffering from hepatic disorders constantly declare that they derive benefit from occasional or repeated doses of mercurials, which no other medicine or treatment of any sort confers; and the skepticism of the most doubting physician would, I believe, be removed should he unfortunately find it necessary to test the truth of their statements in his own person. It is not impossible that the good effects of mercury on the liver and in some forms of inflammation may be due to its property of promoting disintegration. Mercury appears to have the power of rendering effused fibrin less cohesive, and so more easily removed by absorption than it otherwise would be. Modern physicians of high standing, and little likely to be accused of credulity as to the beneficial action of drugs, have thought that mercury is useful in croup, by causing a degradation and disintegration of the plastic membrane. If this

be so, it seems not improbable that mercury, which from experiments we know to reach the liver, may under certain circumstances act beneficially by promoting or in some way influencing the disintegration of albumen. The remarkable effect of mercury on constitutional syphilis probably admits of a similar explanation. But in whatever way it is to be explained, the clinical proofs of the efficacy of mercury in certain derangements of the liver are to my mind overwhelming. I say so the more advisedly because I was taught to regard mercury as a remedy worse than useless, not only in hepatic diseases, but in syphilis. It can not therefore be said that the convictions forced upon me by experience are the result of preconceived opinions."—*American Practitioner*, Apr. '75.

TREATMENT OF ITCH.

Dr. Tilbury Fox, in a recent lecture, says, concerning this much-vexed question:

"There is no need to apply parasitocides to parts in which acari do not exist, because the irritation and eruption elsewhere are due to sympathetic action; and these irritated parts will get well if the acari be destroyed, and they do not require the use of irritant remedies, such as parasitocides are, but soothing remedies.

"My rule is this: if the disease be recent, if it be only slightly marked, if it began about the hands, and there be no cuniculi about the penis, I order the parasiticide to be rubbed into the interdigits, the palm of the hand, and the wrists, and I apply a soothing lotion to all other irritable parts of the body. If, however, there be—I am speaking of the slighter degrees of the disease—cuniculi about the penis as well as the hand, and especially if the disease appeared to begin coincidently in point of time by itching about the lower part of the abdomen, then I apply the parasiticide to the hand and the penis; but even here I do not rub in the remedies very long (for three nights and three mornings); and I only, for precaution's sake, let the patient smear the parasiticide upon the scrotum and the thighs, and for two or three times. I then order a soap-bath, a change of linen, and I expect my patient to be quite well. The absence of pruritic irritation at night on the third day I take a good test to the cure of the disease. In no case do I use any but parasitocides of moderate strength. Half a

drachm of sulphur to the ounce of lard is a sufficiently strong ointment, if sulphur be the remedy chosen.

"In bad cases no doubt the acari are disseminated widely, and active treatment is needed. One remedy in common use is the sulphur-bath. I think a caution is needed as regards its use. I believe that it is abused. Though I much prefer a good soaking in a sulphuret of potassium bath, and the prescription of a mild parasiticide ointment, yet sulphur vapor-baths may be employed; but I think a single one properly administered—at most two—sufficient. I would have the patients well washed first of all with soap and water, and then put into the sulphur-bath. If the effect be that the pruritus at night is destroyed, I do not think it needful to repeat the bath, especially where the skin is much inflamed. These baths have cured scabies in many cases, but have set up a severe inflammation and pruritus in the skin that are most difficult to subdue. I never use sulphur vapor-baths in itch on that account, except where the disease is of the severest kind, because I believe all the acari can be destroyed by simpler and less irritating applications. In these cases the same rule holds good, I think, as in the simpler cases. It is easy to overtreat these cases. If at the end of a few rubbings with mild sulphur or storax ointment the skin be less inflamed, less irritable, the vesicles and pustules drying up, and the patient get a good night, I consider that the itch itself is practically well, and I then treat by parasiticides the usual haunts of the acari and soothe other parts. But there is another very important matter in these cases. It is to keep the same linen on next the skin during the use of the parasiticide, and when a change of linen is made to disinfect all the clothes by heat."

—*American Practitioner*, April, 1875.

THE TREATMENT OF SCABIES.

BY ROBERT LIVEING, M. D., F. R. C. P.

Physician to the Middlesex Hospital, in charge of the Department for Skin-Diseases.

There are three principal methods of treating scabies: 1. By sulphuret of potassium baths; 2. By sulphur vapour-baths; 3. By sulphur ointment. It may be a satisfaction to those who cannot conveniently use the sulphur-baths, to know that the treatment by inunction of sulphur ointment is the most efficacious of the three methods.

There are three mistakes commonly made in treating scabies, especially in private practice: 1. In not applying the remedy over the skin of the whole body, except the head; 2. In using the ointment of the *British Pharmacopœia*, which contains one part in five, sublimed sulphur, and is too strong, especially for children; 3. In using the ointment for too long a time, and thus producing an irritable state of the skin. This often happens when people attempt to *treat themselves* for what they believe to be, itch. On the two latter points, most experienced observers agree; but on the former some difference of opinion exists. In a letter recently published, my friend Dr. Tilbury Fox remarks: "It is a rule of prime importance in treating itch, to accurately determine at the outset how far the acari have disseminated themselves about the body. The reason is obvious. There is no need to apply parasitocides to parts in which the acari do not exist, because the irritation and eruption elsewhere are due to sympathetic action; and these irritated parts will get well, if the acari be destroyed, and they do not require the use of irritant remedies, such as parasitocides are, but soothing remedies. The practice is to apply the remedy to every part of the body where eruption exists in cases of itch. Clearly this is wrong, from what I have just said. My rule is this: If the disease be recent, if it be only slightly marked, if it began about the hands, and there be no cuniculi about the penis, I order the parasiticide to be rubbed into the interdigits, the palm of the hand, and the wrists, and I apply a soothing lotion to all other irritable parts of the body. . . . I repeat, then by way of summary, in private practice, if the disease be slight and recent, use the parasiticide to the hands only, and soothe the other parts with some emollient or astringent lotion or ointment."

In the first place, I would remark, that in private practice it is in many cases next to impossible, and quite unnecessary, especially in women and girls, to examine the abdomen, thighs, and every part of the body, to ascertain how much of the eruption is due to scabies, and how much to sympathetic action.

The best plan of proceeding is, in my opinion, as follows. Having once ascertained that scabies exists, order one thorough application at night of mild sulphur ointment to the whole of the body, except the head, and direct the patient to sleep in the drawers, jersey, and socks that he has used the day before; this will secure the death of any stray acari about the body or in his underclothes; in the morning, he should use a warm-bath. The after-treatment

should consist of the local inunction of the ointment, into those parts only which are especially affected, for two or three nights. In all mild cases, the cure by this plan is quite certain, and is attended with very little inconvenience. The objections to sulphur ointment are its irritating qualities and its smell. The first is avoided by using an ointment made with half a drachm to two scruples of the precipitated sulphur to one ounce of lard. The precipitated is in finer powder, and less gritty than the sublimed sulphur, and more efficacious. A great part of the inconvenience arising from the smell of the sulphur may be avoided by using it only during the night. A drop or two of sandal-wood oil will quite disguise the smell. In cases of long standing, it is necessary to have the clothes baked; but a temperature of 190 deg. to 200 deg. Fahr. is quite sufficient, and the bed may be easily fumigated by using a little sulphur sprinkled on the cinders (not too hot) of a warming-pan.

It often happens that the irritation of skin remains after the scabies is cured, and thus induces people to go on with the sulphur treatment too long. Instead of doing so, a mild stavesacre ointment should be used, made with the oil of stavesacre and lard; this relieves the itching, and at the same time will kill any stray acari that may have escaped death from the sulphur.—*Canada Med. Record*, March, 1875.

Monthly Summary.

OF

Therapeutics and Materia Medica.

The use of Iodoform in the Treatment of Venereal Ulcers.

In a letter addressed to the editor of the *Annales de Dermatologie et de Syphilographie* (No. 6, 1874), Professor T. Profeta, of Palermo, records his experience of iodoform as a local application to hard and soft chancres and to phagedænic ulcerations resulting from the bursting of inguinal buboes. He has obtained the most excellent results both by washing the ulcers with a solution of iodoform (two or three grains in thirty of glycerine and ten of alcohol), and by simply strewing them with the powdered drug. Of the two methods he prefers the latter, and now adopts it exclusively. Cicatrisation begins soon after the first application, and any pain which was previously present is quickly relieved. Soft chancres heal with amazing rapidity if the iodoform is applied

soon after their first appearance. We should state that Professor Profeta's testimony to the value of iodoform is all the more important because he was formerly extremely skeptical on the subject, and believed the accounts of its efficacy reported by some observers to be exaggerated. His faith in it dates from the rapid recovery of one of his own friends, who had been treated with all kinds of remedies for a phagedæmic ulcer in the groin of more than a year's standing, and which healed completely in one month when dressed with iodoform alone. There are two objections to the use of iodoform noticed by Profeta. In the first place, it is an expensive remedy, and secondly, it has an offensive and penetrating odor. The latter quality prevents persons using it who wish to conceal their disease, and it is an obstacle to their entrance into society and to their visiting public entertainments. A patient of Professor Profeta was nearly mobbed at the theatre in consequence of the unpleasant smell which he diffused around him. This incident should make us careful, therefore, in using iodoform in private practice.—*Canada Med. and Surg. Jour.*, April, 1875.

Treatment of the Colliquative Sweating of Phthisis.

The colliquative sweats which so rapidly weaken phthysical patients, and are so disagreeable to them, have necessarily attracted the notice of physicians, and a great number of remedies for this symptom have been cried up. Rayer praises white agaric (*Boletus laticis*), which he thus gives:

℞ White agaric gr. xv; ext. opil, gr. ¼.—M. Divide into six pills. One, or two, at night. Rodolphi employs the following formula:—℞ Sodæ bicarb., gr. viij; Sulphur sub., bismuth. sub-nitr., āā gr. ¼. For a powder. One powder every two hours. He also recommends warm alkaline lotions made with:—℞. Carb. potass., 3 iijss; alcohol., ʒ iss; aquæ, ʒ xvss. Charvet has warmly praised tannin. His formula is:—℞ Tannin gr. xv; confect. rosæ gall., q. s. Divide into 36 pills. One to four every night. M. Woillez gives four pilules of gr. iij of tannin two hours before each meal. He sometimes adds extract of rhatany, in doses of one drachm, in a julep. Beau, who believes in an antagonism between phthisis and saturnine intoxication, his vaunted preparations of lead either in pills, as:—℞ Acetate of lead, gr. xv; white agaric in powder, gr. viij. Syrup of opium q. s., for ten pills. From one to four daily. Or in powders:—℞ Acetate of lead, opium, āā gr. viij; sugar 3 ss. Divide into twenty powders. One powder night

and morning. Oxide of zinc may also be had recourse to:—*R* Zinci. oxidii., et hyoscyami, āā gr. iij. To be taken, when going to bed. Lately, Drs. Bourdon and Choupe have insisted upon the employment of ipecacuanha in the sweats of phthysical patients. M. Lasague has obtained remarkable results from general baths, by no means prolonged, but at a moderate temperature (about 35° Cent. = 95° Fahr). M. Gubler, when he has no reason to apprehend albuminuria (a rare occurrence in phthisis), praises the employment of diuretics as a remedy in these cases of phthysical sweating. He gives the patient a wine-glassful daily, of *vin diuretique*. M. Landrieux prefers the diuretic wine of the Charité Hospital (1) to that prepared according to Trousseau's formula, (2) in consequence of the former containing bitter, astringent, and aromatic substances. — *Canada Med. and Surg. Jour.*, April, 1875.

Bromide of Potassium in Malarial Fever.

Henry J. Hilliard, M. D., of Scottsville, Harrison County, Texas, says: "I wish to call the attention of the profession to the beneficial effects of the bromide of potassium in malarial fever. I do not think that it is an antidote to the malarial poison, as are cinchona and its salts, but that it is a great auxiliary. For the past two years I have very successfully used it, both in the intermittent and remittent forms. In the majority of cases of malarial fever the nervous phenomena are quite prominent, more especially in children, whose nervous system is so susceptible of derangement. The bromide of potassium, conjoined with the local application of cold water or ice to the head, acts very beneficially in such cases by relieving the delirium and restlessness. I generally give adults, during the stage of exacerbation, the following: *R* Potassii bromid. dr. j.; spiritus nitri dulc. gutt. xv.; aquæ puræ, f oz. j.; repeat every two hours, till the period of defervescence, when quinia should be freely given; at the same time continue the bromide at longer intervals during the remission. A short time after the first dose is given, the patient generally becomes quiet, perspiration commences, and the mouth becomes moist. Cinchonism seems to be much more easily produced, absorption taking place more readily. It has greater effect over infantile convulsion during malarial fever, than anything I have ever used. Should the case be urgent, it is well to combine a full sedative dose of quinia with the first dose of the bromide, even in the state of pyrexia; quinia being the antidote to the poison. Children seem

to tolerate the use of the bromide very well. Give to a child three or four years of age the following: R. Potassii bromid sc. j.; spts. nitri dulc. gtt. v.; aquæ puræ, f oz. ss; repeat every half hour or hour, according to the frequency of the convulsions. As before said, quinia should be given in sufficient doses to produce cinchonism as early as possible; the bromide having its greatest effect in controlling the nervous phenomena. Should the taste be objectionable, add some pleasant syrup."—*Cincinnati Med. News*, March, 1875.

Belladonna vs Phytolacca.

Phytolacca has swayed such a controlling influence over mammary inflammations, that through long years, attention has not been attracted toward other leading remedial agents, for the same affection. Its failures, however, prove its want of efficiency in some cases and such are just the ones wherein Belladonna will be found its best substitute. In patients when the lymphatic system presents prominently, when nerve force is inoperative when the colorfacient function is wanting in strength, then will Belladonna be found a choice remedy.

Frequently the internal administration will suffice and may be used as follows:

R Tinct. Belladonna.....gtts. iij.
 " Cap. et Myrrh Com..... " xx.
 Aqua 3 iij.

M. S. One teaspoonful every two hours.

If suppression of lactation is desirable, then the local application become of paramount importance, and may be used separately or in conjunction with Camphor, as:

R Tinc. Camphor..... 3 ss.
 " Belladonna..... 3 j.
 Glycerine 3 iv.

M. Bathe the entire breast, having due regard for the infant, if nursing.

This remedy is fast growing in favor and merits our attention.—*St. Louis Eclectic Medical Journal*, April, 1875.

The Bromide of Iron In Chorea.

Professor Da Costa, in a recent clinical lecture on this subject (*Med. and Surg. Reporter*,) says: "Having now used it for three or four years, my experience from the treatment of a large number of cases, giving abundant opportunity to witness its good effects,

induces me to like it better than any other one article in the treatment of chorea. It should be given in increasing doses, never commencing with less than five grains for a child, and rapidly increasing the dose to twenty. It may be given in plain syrup and water in the form of a pill, or better, in an effervescing powder. It not only affects the chorea, but also impresses the nervous system as a sedative, quieting it, and giving the patient rest. It is also a valuable agent in treating the incontinence of urine in children. It was in a case of this kind, complicating chorea, that I first observed its value; being surprised and pleased to see that, as the symptoms which led to its administration improved, the chorea also diminished and soon disappeared. Since then I have used it almost continuously. Local chorea, or clonic muscular spasm, such as twitching the eyelids, etc., in hysterical women, are sometimes cured by this drug after the failure of other remedies. In answer to the question whether it is the bromine or the iron that benefits, I think it is the combination; that neither *alone* accomplishes the result; for you will find it to benefit cases that have previously taken iron without improvement; and as regards the other bromides, we certainly can not claim for them any especial value in chorea, as they frequently disappoint us. The remedy occasionally fails, as all remedies sometimes do in this obstinate affection, but it certainly is one of the most valuable agents we possess for the treatment of chorea."—*Amer. Practitioner*, April, 1875.

Toothache.

Dr. Q. C. Smith praises the following most highly: Take of carbolic acid saturated solution, chloral hydrate, saturated solution, paregoric, fluid extract of aconite, of each an ounce; of oil of peppermint half an ounce; saturate the pledget of cotton or a piece of sponge, and tightly pack in the cavity.—*Charleston Med. Jour. and Review*, April, 1875.

Acid of the Gastric Juice.

M. Rabuteau, at a late meeting of the Academy of Sciences in January last, communicated the result of experiments made by him to determine the nature of the acid which causes the acidity of the gastric juice. His results conform to those of Braconnot, Prout, Lassaigne, and Schmidt, that the gastric juice owes its acidity to hydrochloric, and not to lactic acid.—*American Jour. of Medical Sciences*, April, 1875.

Editorial.

Through the kindness of S. S. GRAY, M. D., of Piqua, Ohio, we have received a copy of the TRANSACTIONS of the *Twenty-ninth Annual Meeting of the Ohio State Medical Society*, which took place at Toledo, June 16th, 17th and 18th, 1875.

The meeting was one of great interest and profit; and also of considerable social enjoyment, afforded by the hospitality of the citizens of Toledo. The meeting was opened by a very courteous and appropriate address of welcome in behalf of the Toledo Medical Association, by Dr. RIDENOUR, President of the Lucas County Medical Society. In the course of the address, the Doctor congratulates the President "upon the increasing interest taken in the Association by the Profession of the State;" and considers that the "powers of usefulness will be commensurate with the lengthening list of membership." He says, "aside from the stimulus to professional improvement, all must appreciate the social advantages of this annual gathering together of Doctors, and the rubbing off by friction, of the rough edges of narrowness and selfishness."

The address of the retiring President, H. J. HERRICK, M. D., of Cleveland, upon the "Basis of the Science of Medicine, as a Science" exhibits careful preparation, and gives evident proof not only of the scholar, but of one who believes in and loves his profession; and claims for medicine "a foundation based upon scientific principles, as completely established as in any scientific truth." He resents the idea, which even some intelligent people appear to possess, that, "there is no science in medicine, but that it is merely a systematized habit of guessing."

The following is a brief summation of the various points discussed by Dr. HERRICK, in his address:

He considers that "there can be no question of greater importance to the practitioner of medicine, or of greater moment to the community at large, than this."

"Have we this clear light offered by fixed principles, theories unquestionably established, upon which we can base practical deductions and applications. If we have not the clear light of a completed science, how far have we the guidance of established principles?" "If we have a science of medicine upon which the practice is founded, it finds its foundation in the known and fully established normal processes which are constantly and uniformly moved by the power of life." "To know what health is and what are its conditions, is to know what disease is and where is the defect." "If there is disease, the first question is to know what organ or class of organs, is at fault. Second, to learn the cause of the fault. Third, apply the necessary and proper aid." "Medicines control functions and that only. A medicine has no power, as is often supposed, to renew an organ." "But you ask: Have we remedies that will control functions, and that can always be relied upon? To this we can answer yes, if we understand the

modifying circumstances." "Medicinal agents are all classified by their effects upon different organs, as to their therapeutic effect.

He closes this very instructive and interesting address with the following: "I have thus presumed to examine, somewhat, the foundation of our calling, that we may make clear the difference between one who appreciates the relation between the science and art of medicine, and the empiric who follows false principles, or none at all."

A valuable paper on Sulphate Quinine was also read by S. S. GRAY, M. D., which we will not summarize, as we consider it of sufficient interest and importance to publish entire, for the benefit of our readers.

SULPHATE OF QUININE.

BY S. S. GRAY, M. D., PIQUA, OHIO.

In continuing a report on Sulphate of Quinine, it would be a work of supererogation to go into a detailed history of a remedy that has become almost a household word, among not only practitioners of medicine, but the intelligent of every community, especially in miasmatic regions; neither shall I go into those minutiae that would be expected if it was some new remedy that had just come forward, claiming to drive veteran remedies from the field.

If I can, by a few practicable hints, widen the field of usefulness of this potent remedy, or increase in the mind of any the spirit of investigation, the effort will not be in vain. As one invention in mechanics stimulates and sets a thousand minds to work to improve or condemn, so in the science of medicine, the discovery of a new remedy or new principle in an old remedy, may awaken an amount of research that may be the means of much advancement. And when we see the progress that has been made during the last quarter of a century the future looms up in golden harvest, and it is our duty to press forward and investigate.

I know it is claimed that diseases have changed, and this is why we must follow a different course of treatment from that which our fathers did.

This may be true to a limited extent from the manner of life of the present day; but while diseases have changed, doctors have not stood still. Yet men sicken and die very much as they did in the days of the fathers of medicine, if left to themselves, and remedies acted much the same then as now.

Shortly after commencing the practice of medicine, I was called to treat a farmer, aged 30 years, suffering from an attack of pneumonia. I put him on the old antiphlogistic treatment, somewhat modified, substituting Norwood's Tinct. of Veratrum Viride for the lancet. The case did not progress satisfactorily to any of the parties concerned. A consultation was had with Dr. J. A. Smith, my old and esteemed preceptor, and for many

years an honored member of this Society, who had taken advanced ground in the use of quinine in some cases of fever, to the extent of giving gr. xv at a single dose, and lx gr. in 24 hours and curing his patient. He endorsed my treatment, and recommended a continuance; but diagnosed a speedy and fatal termination. Made an appointment for the next morning if the patient was still alive. Seeing my patient a few hours later, the symptoms all more aggravated, I determined to change treatment, and prescribed three or four doses of quinine, taking the precaution to so arrange, that they should all be taken before the time of the morning call. On arrival found patient resting quietly, pulse soft and full, tongue moist, body bathed in a copious warm perspiration. On retiring for consultation, Dr. Smith says, "Your patient is better. What did you give him last night?" I with some hesitation answered, quinine. He, with a look of astonishment, exclaimed *quinine!* I am surprised that it did not kill him; but he is better and is going to get well. We will say nothing about it for something might occur and he might die yet, and then you would be charged with killing him."

The patient did not die but made a good and rapid recovery. It was a long time before I ventured to give quinine in pneumonia again, thinking that if this treatment was liable to be denounced as malpractice, that I might have made a mistake, and the recovery of my patient was not due to the course of treatment, but to the *vis a tergo* that so often comes to the aid of the physician. To-day I indorse that treatment as correct, and ask which has changed in the last 18 years, the diseases, or the doctors? For the treatment of pneumonia by quinine see report on quinine, reported in transactions of this Society for 1873, page 251. Dr. B. F. Kitchen, writes me: "I have been using quinine extensively during the last year in the treatment of pneumonia in children and adults, and in a large practice I have not lost a case. I have used whisky pretty freely in my bad cases, but they might have done as well on large doses of quinine. Am satisfied that quinine in large doses does more to abate disease than anything that I have ever tried. Of course, if it passes into the expectorant stage, I do not ignore remedies of acknowledged worth."

He also reports me the following case: "Was called in the evening to see Miss R., aged 18; of good constitution. Had been house cleaning; was taken with pain, soreness of throat and hoarseness, with almost incessant cough, eyes suffused and great difficulty in breathing. The messenger said she had croup, and if not relieved would choke to death. Had been applying cloths wrung out of hot water to the throat changing them frequently. Saline cathartics had been administered. Added Tinct. Aconite internally, and continued treatment until morning with but little improvement. Then added gr. v of Sulphate Quinine every five hours. Next day patient much relieved; continued treatment without hot cloths and addition of chlorate potash gargle, to relieve local inflammation. Discharged patient next day. She made a speedy recovery. Have always

thought that without quinine internally and hot applications externally, my patient would have died."

A daughter of Mrs. A., aged 5 years, had frequent attacks of croup, somewhat complicated with asthma. Would become very hoarse and had great difficulty in breathing. One or two 1 gr. quinine pills generally gave relief in a few hours, in connection with a mild cathartic. They always kept a box of "croup pills" at hand, as they called Tilden & Co.'s 1 gr. quinine sugar-coated pills. In December, 1873, she had an attack that appeared to be more unmanageable than the former ones, and after giving one pill every hour for six hours, the paroxysm would still occasionally recur. I was notified, but by the time I arrived the paroxysm had passed off. I ordered a continuance of the treatment, and at the next recurrence of the paroxysm gave Pul. Ipecacuanha until free emesis was produced. They reported next morning that near midnight they thought she would choke to death, when they gave one of the powders left and in a few minutes she vomited up great quantities of phlegm, and it came up in such chunks she could hardly get it out of her mouth. This almost entirely relieved her. Was up and at her plays next morning, and made a rapid recovery with but this single dose of ipecacuanha. Has had some subsequent attacks, but these have all been relieved by the use of quinine and a mercurial cathartic.

Harvey R., aged 12, of scrofulous diathesis, inherited from his father, who died from consumption,—was emaciated, weak, and had the development of a child of 6 or 8 years. He had the constant care of an affectionate and doting widowed mother over her only child, and was constantly under the care and advice of a member of the regular profession and a member of this society. He has had frequent attacks of croup which were treated by the usual mode of treatment, relying more especially on *syrupus scillæ compositus*. This always relieved the urgent symptoms, but left him weak and unable to get out of his bed for a day or two. The disease was likely to return on the least exposure, and was frequently followed with lung fever, sore throat or some unpleasant complication. The child had always lived under this treatment. Having an attack on one occasion, when away from home on a visit to some friends, who thought the child too delicate to stand this treatment, they called a Homœopathist and followed his prescription for a few hours when the paroxysm occurred and the mother supposed her child to be dying, she took the case in her own hands and relieved him with the usual remedy, and with much the former results. Becoming more confirmed than before that the life of her boy consisted in having a supply of *syrupus scillæ compositus* near at hand, in the absence of her family physician, I was applied to for her favorite prescription. I suggested that he might be relieved without it, or at least if my prescription did not relieve, she would still have her former remedy to rely upon, and prescribed gr. iv. of quinine, every three hours, until relieved. After the second dose he was so far relieved that but half of the third was given.

No other treatment was required. Has had no further use of *symplocos scillæ compositus*, but has always been relieved with the quinine treatment. When I informed her I should report this case, she said, "certainly, everybody should know it; I have often thought I was not half thankful enough for what you have done for my child. I was afraid at first to try any treatment different from that we had used before, he was so delicate, but a friend assured me that it could do him no harm. It relieved him so quick that I was much surprised, and then it did not make him sick, but built him right up and made him fat and strong till he is like a new boy."

After several years experience in the use of quinine in the treatment of croup, I will give it with as much confidence as I do in intermittents.

Mr. D., aged 54, a farmer, had frequent attacks of hemorrhage of the lungs. Hacking cough; was emaciated; had lost his appetite; was generally prostrated, and was about to abandon his farm. Said he was so weak that he could do nothing. Several of his family had died with lung disease. Commenced to take quinine freely, regained his appetite, and with that came strength and general improvement in every respect. Went back to his farming and made his full hand at everything. Was also troubled with constipation which it has relieved. 'Is perfectly enthusiastic over quinine, taking it for almost everything, and requiring but little other medicine.

Mr. L., aged 80, a farmer for whom I have never prescribed, yet am well acquainted with the case, has had hemorrhage of lungs which at one time was near proving fatal; was emaciated; had pain in lungs; expectorated freely in morning; was compelled to abandon all labor. Says that he has taken cod liver oil and whiskey and it did him some good but not half the good that quinine has. Two or three doses will kill the dead, heavy pain in his lungs, and after taking it freely, he does not have to expectorate so much in the morning. His lungs feel free and easy. He says, "It has done me more good than all the other medicine I have ever taken. Am not well yet. Can not do hard labor, but can do any ordinary work." His brother takes it for asthma and gets relief from it.

A son of Mr. McK., 8 years old has been a great sufferer with asthma; gets great relief from the use of quinine. His parents always keep quinine pills for him, and he takes them of his own accord, frequently leaving his playmates when he feels a paroxysm approaching, goes to his home, gets his quinine and returns to join in his play.

I do not say these cases, or many others who have been benefited by this course of treatment, have had tuberculous deposits. But there was in them that which was tending rapidly to a fatal termination, and that has been arrested, for a time at least. Mrs. P., age 40, emaciated, with a distressing cough; cannot eat meats; reports that she has frequently expectorated small, hard, gritty particles, about the size of grains of rice. One year ago was unable to be out of her bed more than one half hour of the day. On a prescription of quinine and iron regained her health so she

is now sustaining herself by her labor, for some time she abandoned its use, some person having told her it would get in her bones and make her stiff. She finds by taking two grains on going to bed, she sleeps soundly all night, feels strong in morning, her lungs being free and easy, and by repeating the dose two or three times daily, she does not have to expectorate near the quantity that she does without it.

While I would not expect to cure a case where there were extensive tuberculous deposits, I believe a tonic course of treatment with quinine and iron, for its base, will relieve much suffering and do much good, and give the patient the best chance of recovery. I would not close this paper without stating that while quinine is applicable to a much larger class of cases than was supposed a few years ago, I do not wish to convey the idea that it is to be given indiscriminately and for every disease. A remedy that has such power for good may do much harm if not indicated. —*Transactions of the Ohio Medical Society, 1874.*

Amputation of the Leg, Performed by Esmarch's Method.

Bridget Carrigan, Aged 80, had gangrene of the foot and extending half the way from the ankle to the knee, where sloughing took place, leaving the bones, tendons, &c., naked. Her attending physician, Dr. S. J. Allen, of White River Junction, found it necessary to amputate, which operation was performed with the assistance of Dr. Benj. F. Eaton, of Hartford, Vt., May 18th 1875. The operation was performed by Dr. Allen, by "Esmarch's Method," and claimed to be the first amputation performed by that method in Vermont. Not one drop of blood was lost in the process of amputation, but after the leg was removed and the strap taken off, it was found necessary to ligature some of the smaller arteries, not ligatured before, and a few drops of blood were lost, but not more than a teaspoonful from the beginning of the operation, till everything was done. The patient was put under the influence of ether. Her general health was such that she could not have stood the operation, and lost the usual amount of blood of an amputation, as generally performed.

This is the first amputation performed in this neighborhood, by that method, and claimed to be the first in the State, until some one else claims to be ahead. At any rate, it was perfectly successful, so far as regards the loss of blood, and benefit to the patient. I think it strange that any surgeon should amputate, without using this method, for it is so much better for the patient, and far more convenient for the operator.

If there has been other operations of the kind performed in this state before, I hope this will bring out a report of the same.

Hartford, Vt., May 26th, 1875.

BENJ. F. EATON, M. D.

REQUEST.

The undersigned requests the readers of this Journal to write an essay upon each new remedy that they have tried; giving the medical properties fully; and also to state any new property they may have discovered in old remedies. And they shall have the credit for the same in my forthcoming work on *Materia Medica*; which is now in process of completion.

I. J. M. GOSS, M. D., Marietta, Ga.

MESSRS. EDITORS :

I have suffered from Hay Fever for many years. For ten years I made an annual pilgrimage to the seaside, with partial relief; when the breeze was from the sea entire relief, but when the breeze was from the land a day or two there would be a return of sneezing, and always ending with Asthma, requiring weeks after my return, before I fully recovered from it.

Two years since, I was induced to visit the White Mountains and escaped it entirely—coming home free from asthma. Last year, I was detained by illness in my family, which prevented my leaving home before the time for the attack, consequently, the dust of the cars brought on a slight attack, but from which I was entirely relieved the first night of my arrival at the *Fabyan*. I did not have a sneeze during my stay there of about six weeks, and came home without asthma.

I met 30 or 40 persons at the *Fabyan*, who came there for relief—and but for their saying they were of the afflicted none would have mistrusted they had ever suffered with Hay Fever. I would advise those thus afflicted, to leave home so as to reach the Mountains before the attack is due, and stay there if possible, until after there has been a pretty severe frost at their residence.

Those going from the West will find the best route via. Springfield, Mass., taking the cars on the Connecticut River Road, at 8 o'clock A. M., and reaching the Hotel about 6 o'clock P. M.—checking their baggage direct to the Hotel.

There are many Hotels in the Mountains, but I desire to say that I have found the *Fabyan* particularly well adapted for Hay Fever sufferers—who need pure air, and plenty of it, being new, high ceilings, wide halls, large sleeping rooms; airy dining room; lighted with gas; heated moderately by steam, and over 200 feet of broad piazzas.

You can hardly imagine the relief I have found the past two years, in coming home free from asthma and in usual good health, instead of taking two months to recover fully.

Very truly, M. Y. TILDEN.

ELIXIR IODO-BROMIDE OF CALCIUM COMPOUND.

Pleuro Pneumonia, Followed by Empyema.

Kalamazoo, Mich., June 10th, 1875.

TO THE EDITOR OF THE JOURNAL OF MATERIA MEDICA.

L. C., of St. Louis, Mo., aged seventeen, was attacked with Pleuro Pneumonia, in the month of Dec. 1872, effusion took place in left pleural sack. Paracentesis Thoracis was not performed, and empyema, was the result; and nature true to herself, did what the physician failed to perform; by making two spontaneous openings, to the left of heart; one between third and fourth rib, and the other between seventh and eighth; about two months after the invasion of the disease, a large quantity of pus was evacuated: collapse of left lung took place, except upper and posterior portion.

The heart was pressed clear over to right side, adhesions formed, bind-

ing the lung down. The discharge of pus continued; until he came to Michigan for treatment, the middle of October, 1874. The discharge of pus having continued over one year and a half. His appearance at this time was anæmic; he looked like a person in the last stage of Phthisis Pulmonalis. Was very much emaciated; weighing only ninety-three pounds. Could use but little exertion, could ride over a smooth road slowly. The opening into the plenral sack was oblique, about two inches in length. I paid no attention to the upper opening, which closed entirely after three weeks treatment. I immediately put him upon the use of the Elixir Iodo-Bromide of Calcium Comp., and washed the plenral cavity out with warm soda water; followed with comp'd solution carbolic acid; strength one of acid, to eight of water. I used different proportions, but this seemed preferable. The odor passed away, and discharge lessened, but continuing purulent, I used in its place Comp. Tinct. of Iodine, one to eight of water; and after three weeks treatment, discharge greatly diminished, (injected morning and evening.) Appetite good, gaining strength, but the discharge continuing somewhat purulent, after two months treatment; commenced to inject the Solution of Iodo-Bromide of Calcium, for external use; strength one to eight of water, and was much pleased with its therapeutic action; discharge became less purulent, and I was obliged to insert a tent, to prevent closing up of sinus entirely. At this time, there was a thin watery discharge of about one tablespoonful night and morning. Weight increased fourteen and a half pounds; could now ride over rough frozen ground without any inconvenience; in fact could ride with me all day. Still taking the Elixir Iodo-Bromide Calcium, and injecting Solution Iodo-Bromide Calcium for external use: continued to improve, countenance now has the appearance of health; and at the time of his leaving for home, the fore part of April, he would not be taken for an invalid. Discharge from side, now about one-tenth spoonful or less and watery; and no doubt comes entirely from the sinus; the Pleura having become adherent.

When I commenced treatment, the sack would hold several ounces; at the time he left for home, the injection did not appear to enter the Pleura at all. I used various strengths of the above medicine, but the proportions above indicated, were most successful. After returning home, he remained well one week, but on exposure to cold and damp; was taken with a chill and congestion of right lung and brain took place; (so his physician says) he became insensible after a few days and soon passed away. His left side continuing as well as when he arrived home, his physician stating that the old trouble had nothing to do with his last illness. J. W. FISKE, M. D.

Extract from letter of F. E. H. STEGER, M. D., Maysville, Madison Co., Ala. "I have used the Elixir Iodo-Bromide of Calcium Compound, in scrofulous cases and find it invaluable."

Correspondents will oblige by writing plainly their *names, Town, County and State*. We are frequently unable to answer letters because these are omitted.

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DEVOTED TO
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AUGUST, 1875.

[No. 8.

Communications.

DIGEST OF MEDICAL TREATMENT, AND CASES.

BY JOSEPH BATES, M. D.

In the Medical Record of Dec. 1, 1874, is a valuable paper on the use of Croton-Oil Paint, in the treatment of Pleurisy. *John W. Corson, M. D.*, of Orange, N. J., is the author.

Formula: For Milder Croton-Oil Paint.

“ R Olei croton tigllii..... 3 i.
Ether, sulphur. fort..... 3 ij.
Tinct. iodini..... 3 v.”

Dr. C. recommends to apply two or three coats at a time, with a camel's hair brush, over a small surface once a week. This, the Dr. states, is most useful for children, females, or sensitive males.

He gives another formula, which he calls the “*Stronger Croton-Oil Paint.*”

R Olei croton tigllii..... 3 ij.
Ether, sulphur. fort..... 3 iv.
Tinct. iodini..... 3 ij.
Potass. iodid..... ʒ i.
Iodini..... gr. x.

He directs; “Paint as above, over the side, back, or loins. It is richer in iodine and better adapted to less susceptible subjects.

The Dr. observes, that with increased confidence from experience, these combinations have superseded blisters entirely in the majority of cases of pleurisy that he has treated within the past three years. He now orders them within forty-eight hours after the effusion. A lad of twelve years, and a young lady of sixteen, after the exhibition of the iodide of potassium and repeated "paintings" alone, without the aid of blisters recovered; the fluid was absorbed, as represented, within a month. Other cases are reported in this paper, as having been treated with Croton-oil paint. The Author proceeds:—"We have a collection of cases of affections of the eye, ear, bladder, and spine, as well as examples of whooping-cough, pleurodynia, muscular rheumatism, and sciatica, and other diseases, which we have gradually gathered from domestic practice and the "Dispensary Department" of the Orange Memorial Hospital. These show a wide range of usefulness of the "paint" as a counter-irritant." Dr. C. observes, that it was most generally serviceable, perhaps, as a help to gentle expectoration in ordinary mild bronchitis, or, as it is familiarly termed, a "neglected cold" of a week's duration. With the aid of tonics, nourishing diet, and *double flannels*, it often helped to alleviate the "winter cough" of the aged. His favorite location for painting in these bronchial difficulties was each side of the spine, in the hollows between the shoulders. Our author closes his interesting paper as follows:—"In affections of the eye and ear, a mere line of pustules can be concealed by the hair of the temple, or behind the mastoid process. Elsewhere, with both forms of the paint, we commonly cover a space of from one to five inches square—less in children and females, or along the spine—and more in males, or over the loins or the sides of the chest. From two to four coats at a time are applied with a camel's hair brush, on the average about once a week. If this fails to pustulate within forty-eight hours, the surface is rubbed thoroughly with the finger till well reddened, and the paint reapplied. When it spreads uncomfortably, or is more painful than usual, these symptoms may be promptly relieved by brushing over the eruption with equal parts of glycerine and laudanum, and then covering it with a soft piece of linen moistened with olive-oil."

Properties of Jaborandi.—From the *American Journal of the Medical Sciences*, April, 1875. In this Journal may be found the Physiological effects of *Jaborandi*, and to some extent its *Therapeutics*.

It is there stated that an additional supply of this new and remarkable drug has been lately received both in France and England, and that its source, properties, and therapeutic application have to some extent been investigated and settled. The true medicinal jaborandi has been shown to belong to the genus *Polycarpus*; and to species, *Pinnatus*, hence its name, *Polycarpus pinnatus*. This agent is said to be indicated in anasarca and cedema met with in rheumatism, albuminuria, and diseases of the heart; in asthma, chronic bronchitis, influenza, &c., M. Gubler is reported as administering a cup of the infusion of this agent to a man during an excessive paroxysm of asthma, who, fifteen minutes after, began sweating and expectorating. Almost immediately after this his respiration became quite easy, declaring that his malady had been taken from him as with the hand. Twenty observations are reported, made on eighteen adults, the perspiration, in every case but two, was most profuse, and in these exceptional instances it was free. It began in about ten minutes, and in one case only was delayed for an hour. Salivation was absent in two cases; in three it was slight, in the remainder profuse, amounting in one experiment to 27 ounces. The pulse was unaffected in only one case, and in this, there was marked perspiration. In the others the pulse was accelerated from 12 to 40 beats, the average being 20 beats per minute; the average increased frequency continuing two hours and a half. The temperature was taken in nine cases. In every instance it fell during the perspiration, varying from 0.40, to 1.40, the average being .90, and lasting from one hour and a quarter to four hours and a half. In half the cases there was slight cough, due to increased bronchial secretion. In no instance did the medicine relax the bowels. In one-half the cases the patients became decidedly sleepy. The sight was decidedly affected in several cases. In eleven cases complaint was made of pain over the pubes, and in some instances this was severe and was generally accompanied by a strong desire to pass water, which afforded relief. Many patients complained of feeling alternately hot and cold, or chilly.

Effects of Jaborandi on the Eye.—Mr. John Tweedy after investigating the effects of this agent on the eye concludes "that jaborandi locally applied to the eye causes, (1), contraction of the pupil; (2), tension of the accommodative apparatus of the eye, with approximation of the nearest and furthest points of distinct

vision; (3), amblyopic impairment of vision from diminished sensibility of the retina."

Rhamnus Frangula, as a substitute for Castor Oil.—Dr. J. C. O. Will, recommends (*Med. Times and Gaz.*, Feb. 6, 187,) the fluid extract of *Rhamnus frangula*, as possessing all the desirable properties of castor oil without its disagreeable ones. The extract, by him employed, contained in each drachm the equivalent of one drachm of the bark. The taste is said to be sweetish and far from being disagreeable. The dose varies according to the effect desired, the age of the patient, condition, &c. One to two drachms is, as a rule, too small a quantity for an adult. One drachm is considered sufficient for a child; and for an adult five drachms at a dose. The effects are said to be much akin to those of castor oil, but there is no nausea, eructation, or griping. With regard to the last symptom, says Dr. W., only one patient of the many to whom he gave it, complained of it at all, and in her case the bowels had not been opened for four days, and she had only a very little uneasiness. The stools are not generally loose, and never serous; it usually acts only once, says the Dr., but in two of his cases, three motions followed a dose of five drachms. It is represented as possessing tonic and aromatic qualities, by which the muscular action of the bowels is slightly stimulated; and to this the author attributes its usefulness in habitual constipation. He states that he has now prescribed this agent in many different forms of disease, and in all it has answered well. He thinks that it will prove particularly useful in children; in those suffering from hemorrhoids, or other affections of the rectum; after surgical operations about the pelvis or abdomen; in inflammatory or spasmodic diseases of the genito-urinary organs; in pregnant and puerperal females; or to quote the words of Christison (as our author remarks) when speaking of oleum ricini, in all circumstances where it is desirable to move the bowels without occasioning local irritation or general disturbance. (*Amer. Jour. of the Medical Sciences.*)

Hypodermic Injection of Carbolic Acid in Erysipelas.—Dr. Aufrecht, of Magdeburg, informs us of the beneficial results of using Carbolic acid in the manner of hypodermic injections, in cases of erysipelas. A woman aged fifty-six, with erysipelas of the forearm and the hand, arising from a slight abrasion; and a man, aged eighty-two with erysipelas of the thigh following slight ulceration of a cicatrix were treated successfully by this method.

In the first case five injections were employed during three successive days, and in the second, four injections within two days. The injections were thrown into the sound subcutaneous tissue just beyond the margin of the erysipelas as it advanced towards the trunk. Its progress was at once arrested in the direction where the injections were made, the injection being repeated in consequence of some insular erysipelas appearing beyond the first injection points. More remarkable still (says Dr. A.) than this limitation of the erysipelas was the decided influence of the injections in diminishing the febrile action and the frequency of the pulse, and in inducing a general improvement in the patients' condition. He states that convalescence was quite satisfactory in both patients. *Med. Times and Gaz.*, March 28, 1874. (And the *Amer. Jour. of the Medical Sciences*.)

From the Detroit Review of Medicine.—VACCINATION AND RE-VACCINATION.—Dr. Jno. Aikman (*Glasgow Med. Jour.*, April, 1875) gives the results of a careful study of two hundred cases of re-vaccination. The epidemics in London and Glasgow during 1871, to an absolute certainty, showed that no case of small pox has occurred in a person successfully re-vaccinated with primary lymph. Primary vaccination, though most effective in *modifying* the disease, is not to so great an extent a preventive as once believed. This modifying influence of vaccination is strikingly shown by the author's observations. Of two hundred and seventy vaccinated children admitted to the small pox hospital for varioloid, three per cent died, while of two hundred and thirty-one unvaccinated children admitted to the same ward for small pox, forty-eight per cent died. By the study of the two hundred and seventy cases, it further appears that the physiological changes attending the second dentition have some effect in destroying the preventive effect of previous vaccination. Of two hundred cases, one hundred and seventy-five were successfully re-vaccinated. Thus it appears that a large proportion of the community considered vaccinated are *liable to a further protective measure*.

Re-vaccination is necessary more frequently during, than after the period of youth.

Conclusion, vaccinate early, and repeat the operation as long as it will take.

Re-vaccinate at eight, sixteen, and twenty-four years, and (says the author) your patients will never have small pox, or severe varioloid disease.

New Treatment of Phlegmasia Alba Dolens.—Dr. J. M. Johnson, (*Atlantic Med. Jour.*, Jan., 1875), gives the successful treatment of two cases of this malady, by the following method: A liniment of ammonia, camphor, laudanum, and oil, is rubbed over the abdomen and the swelling, and then applied to the affected limb, rubbing it upwards into the systemic current. In a short time the pain and swelling are relieved, and the soreness disappears. When the acute symptoms subside, the limbs are bandaged. In a few days the bandages are removed, and the patient goes about as usual after delivery. (*Detroit Review of Medicine.*)

The Duration of Life.—The following facts on the duration of life appear in the *Deutsche Versichetungs Zeitung*:—"In ancient Rome, during the period between the years 200 and 300 A. D., the average duration of life among the upper classes was 30 years. In the present century, among the same classes of people, it amounts to 50 years. In the sixteenth century the mean duration of life in Geneva was 21.21 years; between 1814 and 1833 it was 40.68 years; and at the present time as many people live to 70 years of age as 300 years ago lived to the age of 43. (*Med. and Surg. Reporter.*)

The Administration of Phosphates.—It is maintained by Sampson, Dujardin-Beaumetz, and other leading French physicians, that the only way of administering phosphates is to employ those which Nature has already assimilated, bran-bread, and beans of different kinds. Whenever it has been wished to augment the dose of phosphates by adding soluble or insoluble phosphates to the food of animals, these phosphates have only passed through the economy without effecting any lodgment there. (*Med. and Surg. Reporter.*)

Benzoic Acid in the Treatment of Ammoniacal Cystitis.—Gossellin and Robin (*Archiv. Générales de Médecine, Boston Med. Jour.*) report a series of experiments intended to throw light upon the peculiar danger in operations on the urinary organs when the urine is ammoniacal. From these they conclude—Ammoniacal urine rapidly causes fever. It is highly poisonous, and its toxic effects increase proportionally to the amount of carbonate of ammonia which it contains. The local lesions observed in man occur where wounds are in contact with ammoniacal urine. The visceral lesions agree with those found in subjects who have died of urinary fever.

The toxic action of ammoniacal urine is enhanced by the access of air. To correct this state of the urine the authors advise the use of benzoic acid. The initial dose is 15 grains, to be increased

to 40 or 60, or even 90 grains. The action of this remedy upon the altered urine is not at once recognized, but in seven or eight days the ammoniacal character and fœtidness generally disappear and phosphatic deposits cease to form. This remedy acts in several ways. The hippuric acid, resulting from the use of benzoic acid, may form hippurate of ammonia, which is less toxic than carbonate of ammonia. It retards the decomposition of the urine, and hence the production of carbonate of ammonia. It prevents the formation of insoluble phosphatic deposits, which may cause cystitis. The use of benzoic acid is advisable for patients suffering from ammoniaco-purulent cystitis—particularly those about to undergo operations upon the urinary organs. (*Detroit Review of Medicine and Pharmacy.*)

Various Uses of Chloride of Zinc.—By J. E. Nichols, M. D., Osage, Ind. This paper is published in the *Chicago Med. Jour.*, May, 1875. The author states:—"For the removal of cancer or other tumors, covered by the integument, rub together *chloride of zinc and blood-root* in powder. Use enough of the powdered root to take up the moisture caused by the deliquesence of the zinc, so as to form a plastic moist dough. It should be firm enough not to spread out beyond the limits desired in its application. Mould it into a sheet, from one line to one-fourth of an inch in thickness, the size and shape of the surface to which it is to be applied, first protecting the surrounding sound parts with adhesive plaster. The paste or dough is kept in place by means of adhesive plaster. The eschar will vary in extent and depth, according to the depth of paste employed. It usually exhausts its strength in forty-eight hours. The eschar will also be somewhat greater in circumference, than the surface covered with paste, for which some allowances are to be made." If the first eschar does not embrace all the morbid growth, the Dr. advises fresh paste to the remnant, protecting the edges of the wound with lint. In this second application, our author states, that it may be better to employ Dr. Marsden's arsenious mucilage as follows:—℞ Arsenious acid, 3 ij; mucilage gm. acacia, 3 j. M. Ft. a stiff paste. This is to be applied to not more than one square inch of surface, press lint over it, when dry, cut off the surplus lint. This, the Dr. states, has a more special election for the morbid structures, not materially affecting (as he says) the healthy tissues. Dress with poultices after forty-eight hours, subsequently, simple cerate, or, in small wounds, court-plaster, nothing more required until cicatrization occurs, which

usually, is very speedily. Dr. N. states, in his experience, he has never made a wound with chloride of zinc that has not healed quickly and kindly, even when an indolent ulcer was acted upon.

Several cases are reported in this paper, all of which are interesting to the physician, but the length of manuscript admonishes me that I have space remaining for but few. July 15, 1874, Mr. H., aged about twenty-two, called on Dr. N. to be treated for syphilis. He had one well defined indurated chancre upon the glans penis, and two softer ones upon the prepuce. He had previously been treated with nitrate of silver and acid. The parts Dr. N. protected with lint, and made use of the zinc paste, leaving it on thirty-four hours. The eschars came away in three days, and the Dr., was surprised at the rapidity with which the wounds healed. He made use of the building up treatment, and never had a case do so well before.

Samuel Ryerson, aged sixty-nine years, of good general health, consulted the Dr., Nov. 18, 1874, with regard to an ulcer that had been on his face over fifteen years. It involved the inner half of the lower lid of the left eye, nearly all the left side of the nose; and a part of the cheek, as large as a silver dollar. He had another one below the temple, near the outer angle of the left eye, as large as a half dollar, not of so long standing as the other. Dr. N. diagnosed it a *rodent ulcer*, or *lupus*, or the *noli me tangere*. Many physicians had been consulted both in the east and here, all of whom advised him to let it alone, as to meddle with it might aggravate it. The Doctor began the treatment by covering the lower half of each ulcer with zinc paste, one part zinc to about five of powdered blood-root, allowing it to remain about twelve hours. A thin eschar was the result, which peeled off in about six days, subsequently it was dressed morning and night, by washing with castile soap suds, and applying pulv. *peruvian bark*, to absorb the secretions from the surfaces of the ulcers. Dec. 10, Ulcers healed over one-third their extent; but beginning to assume an indolent appearance, Dr. N. applied a weaker mixture of zinc and blood-root over the entire surfaces, leaving it on, about six hours, the first application having caused more swelling than was desirable. The treatment was continued about the same and resulted in the perfect cure of the smaller ulcer, and the reduction of the larger one to a very small point of ulceration in the inner canthus of the eye. Jan. 4, 1875. Made a still milder application of paste to the small ulcer in the angle of the eye, which remained on

six hours. This produced a very little sloughing from the surface, and only a little inflammation. The remnant of the lower eyelid, which was at first in a bad state of ectrophion, is being drawn into a much better shape by the cicatrization than he had supposed possible at the commencement of the treatment.

March 25. There is only a little redness about the greater canthus, and slight ectropium of the lower lid. The puncta lachrymalis, which has opened on the surface of the ulcer throughout its career is perforate, and even the pustules that formerly came upon the face about the ulcers have ceased to appear, and, on the whole, the results, says Dr. N., are better than I had thought possible. Good diet constituted the whole of the general treatment. Dr. N., closes his very interesting paper as follows:—"I have also employed a solution of zinc in acidulated water for the treatment of gleet, and various chronic inflammations of mucous membranes, with good results. In fact, I find it such a valuable agent to stimulate and to create healthy inflammation, that I should be loath to part with it as a therapeutical agent; and am of the opinion that a fair and careful trial of it will cause others to admire it also. In its use, it should be remembered that, like many good agents, it is powerful to do mischief if carelessly handled."

GELSEMINUM SEMPERVIRENS.

BY I. J. M. GOSS, A. M., M. D., LL. D.,

Prof. of Materia Medica in the American College of Medicine and Surgery, Macon, Ga.

Messrs. TILDEN AND BATES:

I see that you have published Dr. Christopher's review of my essay upon Gelseminum in the *Archives*; which is well enough, but as he, in that review, endeavors to make me appear ignorant of the properties of the article—Gelseminum, I am compelled to reply to his criticisms. Now, I am not afraid of any exposure that he may endeavor to make of me, before men who are acquainted with the properties of Gelseminum, but as your journal is read by some young practitioners who are not familiar with it, I think that justice to myself, and to the Medical School I represent, demand a reply. The Dr. says that: "*I think I can satisfy any one that it is not an arterial sedative, but an unrivaled febrifuge, and this is dependent on its relaxing and anti-spasmodic properties.*" Now, I would like to know what the Dr. means by its being an un-

rivaied febrifuge unless it is an arterial sedative. How does any remedy control the circulation in fever and inflammation only by their sedation. Its sedation doubtless depends upon its relaxing the heart, but that does not make it less sedative. The Doctor then gives his experiments upon the mole, and says: "*I then doubled the dose, (giving a grain) in thirty minutes you could perceive that he was weak and relaxed;*" and again he says:—"I continued to double the dose every time," "*until the fifth dose produced death by relaxation.*" He says: "*by relaxation.*" Now, it is plain that it was by sedation as well as relaxation, or relaxation, and that producing fatal sedation. The Doctor says: "*Its effects are clouded vision, double-sightedness or even complete prostration and inability to open the eyes.*" "*This effect is produced by relaxation—not sedation.*" The Doctor seems to think that an article can not be sedative, and relaxing, and upon this hypothesis he bases his idea of the action of gelseminum. He killed the mole, by producing complete sedation of the heart and lungs, and then says that it was not sedation that killed the mole. He does not say what the condition of the heart was in this experiment. The mole died from sedation of the heart and muscles of respiration, but as the Doctor had set out to prove that Gelseminum was not a sedative, he seems to overlook that fact. Then he gives a case of Mrs. J. Bryant's servant woman, which is more unfortunate than his mole case, for, he goes on to show that there was powerful sedation, for he gives the pulse at "*one hundred and twenty, and the skin very dry and hot,*" and he gave his shot-gun prescription, that is: Tinct. of Gelseminum, 40 gtts.—Third prep. Lobelia—Assafœtida and Cypripedin one dram each, and inhalation of chloroform, and he adds:—"The pulse was brought down to eighty. Now, if any man can bring down the pulse from 120 to 80, in a short time without sedation, there is something new in the action of medicine, not found in the books.

Dr. Christopher remarks:—"that it fills me with astonishment," referring to my saying that it has no special benefit in obstetrical cases, only in such as are characterized by rigidity of the os uteri. And the Doctor refers to two cases reported by Dr. W. M. Durham of Maxey, Ga., but does not show that they were anything in proof of his position. Now, I have used it perhaps as much in such cases as Dr. Christopher, and have found it, as any one noticing its effects might expect, to relax the rigid os uteri, but not influencing the muscular structure of the fundus of the uterus, if it did act upon

that part of the uterus, and that to relax, as it does upon some other muscles, it would retard labor; but as it does not seem to affect the fundus at all, of course it is not applicable in cases of inertia of the uterus, and of course it is not a parturient. Ergot acts as a powerful stimulant to the uterus in cases of inertia of the uterus, but not by relaxation, as the Dr. would have us believe is necessary, but by producing contraction of the muscles of the fundus of the uterus, and the Gelseminum may be given to relax the os uteri if it be unyielding; and in that way it aids labor. And the Doctor's idea of its action on the uterus is as erroneous as his idea of its curing fever and pneumonia without sedation. If he will read any good work upon the action of medicines, he will see that all remedies that can reduce the pulse from 120 per minute to 80 per minute, and even reduce it so low as to stop it entirely, as the case of the mole, it certainly must be sedative.

Prof. Scudder in his work entitled "Specific Medicines, says:—"It lessens the frequency of the heart's action; and removes obstruction, to the free flow of the blood—a sedative. I do not think that Gelseminum exerts any important influence, other than through this action upon the nervous system." (Page 144.)

Prof. Paine in his work upon New School remedies, says: "A student of mine, by mistake, took 2 grs. of Gelseminum, experienced the following symptoms: two or three minutes after taking it, he felt a strange sensation in his head, and an involuntary closure of the eyelids took place. His respiration was at first hard, but became slow and somewhat difficult. His circulation was sluggish, and the pulse exceedingly feeble." (Page 53.)

And I could multiply authorities in proof of the sedative action of Gelseminum, but deem it useless. Dr. Christopher is the first man that I have ever known to deny the sedative action of Gelseminum. We have had a very sad, but conclusive evidence of its fatal sedation in this vicinity; in the case of a boy chewing the bark and swallowing the juice, and it produced fatal sedation upon the heart and respiratory muscles in a few hours. And I would warn all who use it, not to be influenced by Dr. Christopher's hypothetical vagaries upon the action of this potent article. It is a most positive and powerful sedative, his say so, to the contrary, notwithstanding. And while it may be given as a sedative, relaxant, febrifuge, with good effects, it must be given in due doses, say 30 to 40 gtts. of the saturated tincture, and beyond this is running a risk in ordinary cases.

NOTE.—The publication of this article has been necessarily delayed. Eds.

STOMATITIS MATERNA.

BY J. B. HOAG, M. D., LAPORTE, IND.

This complaint very often baffles the efforts of the best physicians to effect a permanent cure, and occasionally to give temporary relief.

Such at least until recently, has been my experience. In June, 1870, I first became acquainted with Mrs. G., and was employed as her physician. She had a babe, four months of age, and had suffered with nursing sore mouth, since its birth, and if my memory is not at fault, she informed me that such had been the case while nursing her former children.

I resorted to every means of which I had any knowledge, (this was not the first case of the kind I had treated by a large number;) in order to give her relief, but with little success. After weeks of suffering, the disease took a metastasis to the stomach. In the month of August, for the space of eleven days, she did not keep a mouthful of food or a swallow of any kind of liquid on her stomach for a moment.

By my directions, the babe was taken from the breast. By dint of repeated blisterings, and other treatment, I finally succeeded in enabling her to retain food, and she so far recovered, as to be able to sit up the entire day, and perform light labor. I had almost suspended treatment, but saw her a short time after her convalescence, and observing an cedematous appearance appearance of her face, remarked to her that she was taking the dropsy. She replied, "I believe, doctor that I must be, for I notice every night that my legs below my knees are badly swollen." I then treated her for dropsy, and had the counsel and advice of other physicians; but the disease steadily progressed.

A short time previous to her death, I attended a meeting of the "Brainard Medical Society," and reported her case, giving a minute detail, both of the symptoms and treatment. I urgently requested each and all present, if it was possible for them to make any suggestion that would be likely to be of benefit to my patient.

"The best suggestion I can make, remarked one of the oldest physician is for you to continue the same treatment. If that does not benefit her, I know of nothing that will."

With this opinion, all present acquiesced. Soon afterwards, I noticed that the swollen appearance left the upper extremities, body and thighs—was confined entirely to the legs, below the

knees. This condition of the case remained for a few days, when I noticed that the enlargement gradually proceeded upwards, until it reached the lower part of the bowels. Being aware that if it was allowed to reach the vital organs, death from suffocation would ensue, I made more than twenty incisions in each leg. While doing so, I saw but *one* drop of blood, but, at the lower part of each orifice, I noticed a drop of clear water. In one hour's time, more than two quarts of a clear, transparent water, escaped.

In the early part of the following night, she passed quietly and peacefully away.

It may not be out of place, to narrate a singular incident, which occurred in connection with this case. The sister who took charge of the child, was a widow of the age of forty-seven years, who had not suckled for over two years. In order to quiet the child at night, she allowed it to take her breast. She was surprised in a short time at having an ample amount of milk for the child. I had another case of nursing sore mouth in the same town. The lady was married in 1863. From previous to the birth of her first child, in 1864, up to the present, she has been a sufferer from this complaint. Evidently her entire system is affected. Since the birth of her fourth child, she has had two abortions of which I am cognizant. Previous, and subsequent to the birth of her children, and to having the abortions, she is troubled to a greater degree than at other times. All that I or other physicians who have attended her, (and their name is legion,) have been able to do, is to palliate and mitigate her sufferings. In this case, as in the one referred to above, borax, sage, chlorate of potassa, muriate tincture of iron, and numerous other articles have been resorted to. She is still a sufferer. I have recently come in the possession of a prescription, which, from the testimony of those who have repeatedly used it, and in whom I have most implicit confidence, as well as from my own experience and observation, I believe to be when thoroughly and judiciously used, to be as nearly a specific in this complaint as it is possible for any medicine to be in any disease.

The prescription is as follows, viz.:

R	Biniodide of Mercury	grs. v.
	Iodide of Potass	grs. x.
	Aqua pura	℥ i. M.

Dose, gtts. 3 to 5, three times a day after meals. For topical

use add 6 drops to a tablespoonful of water, and wash the mouth thoroughly three or four times a day.

It is of great importance that the water should contain no alkaline properties, hence the necessity of using distilled, rain, river or other "soft" water.

It should be given after meals, as when given on an empty stomach it is liable to nauseate.

One grand recommendation of this prescription is that there is no danger of the patient being salivated by its use.

I confidently believe that if those who are suffering with this painful complaint, make a judicious and thorough use of this prescription, much, very much suffering will be avoided.

DIGITALIS AS A REMEDY.

BY EDWARD B. STEVENS, M. D., PROFESSOR OF MATERIA MEDICA
IN THE SYRACUSE UNIVERSITY, NEW YORK.

Several aspects of study are suggested when we come to the consideration of any important drug. The first prominent question has direct reference to the effects of the drug upon the system at large, or upon some important direction of the system. But second, and subordinately, so far as therapeutic purposes are to be served, is the way, the *modus*, by which results are to be produced. And then, with the first factor, perhaps somewhat modified by the second, we come, thirdly, to the therapeutic uses of the drug. In our professional pride, we are very apt to think that we use a drug strictly on rational principles; but I suspect that, with many medicines, we are very apt to become routine or empirical; that is, while, perhaps to a degree, we use the drug upon the representations of others or the past, yet mostly we employ many agents almost absolutely on empiric principles.

These remarks would apply, perhaps, very well to a large range of medicines which enjoy the favor of the profession. But, just now, I propose to utilize this range of thought in the consideration of the therapeutic uses of *digitalis*.

Some years ago Dr. Gundry, then superintendent of the Southern Ohio Lunatic Asylum, at Dayton, asked my opinion as to the value of digitalis as a therapeutic agent. I expressed, at that time, what I thought was the general sentiment of the profession,

as well as my own; that it was irregular, uncertain, and, perhaps, unsafe. He replied to me, that his experience with the insane was very opposite to current opinion, and that he used it freely, gave large and frequent doses—doses of say, one ounce of the tincture—that in many cases he had valuable results, and in none, the dangerous effects that are spoken of by various writers, and have come to be regarded as fixed from mere authority.

These representations set me to a course of inquiry and experiment, all of which leads me now to present this article.

Of course there is no necessity for any detail of the botany and materia medica of digitalis in such a paper as this, because all this is carefully and minutely given in Pereira and other standard authorities. What we want to know is, the effects on the system which small or large, or continuous doses, will produce—and about this there is a good deal of contradiction and confusion—so that we are obliged to cull a very moderate amount of pure grain from a good deal of chaff.

Whether digitalis be an arterial or nervous sedative, in its strict primary operation, admits of some question, as indeed it is made a question; but that it is a controller of the heart's action, either directly or indirectly, is beyond question. But my own experience has been that such control is not uniform as to character of degree. I am also satisfied, however, that this irregularity of action is very materially controlled *by position*. Thus, it seems very well established by experienced confirmed by theory, that while under the influence of digitalis, the patient should be kept in the recumbent position; because the heart being weakened, a sudden change to the erect posture, would overtax the heart's lifting capacity, and syncope be the result. So, it is quite possible that neglect to observe this precaution may account for irregularities of action observed both with others and myself.

Some of the facts reported, and views expressed, as to the effects of this drug, certainly seem contradictory and not easy to reconcile. Thus Bence Jones thinks digitalis is, in the first place, a stimulant, but in large doses, or continued doses, it becomes a decided sedative to the heart. It is not quite possible that this primary stimulant action is rather apparent than real, and that this question of position may have obscured the real effects which were being produced? Thus Sir Henry Holland says (though in explanation of another point yet applicable in this): "More atten-

tion is required than is always bestowed in estimating the actual changes in the pulse. It is not enough to feel it once, or in one posture only. The difference between recumbency and the upright posture will often totally alter its character. . . . It should be examined also, after some cordial has been given, to ascertain the facility of bringing it back to its ordinary state. An inference may be formed at one moment, or under one posture, which the lapse of five minutes and change of position, will altogether belie."

Another discrepancy is suggested, not easy to reconcile. Digitalis, as well as several similar articles—say lobelia, cimicifuga, aconite—all stimulate the secretions. The fact seems very well established, but why a sedative should secure increased action of the kidneys, or any other important secreting organ, is not clear. Broom, savin, and like agents, excite an increase of urinary secretion, but we can scarcely understand digitalis as acting in the same way—and yet these are substituted, one for the other, as diuretics, without any satisfactory explanation.

So, too, we find authorities speaking of digitalis as a *tonic* as well as *sedative*. Thus we find this drug, suggested for these conjoined influences, more particularly in the treatment of heart affections. These contradictions, or apparent antagonisms in therapeutics, only suggest to us that we are not yet accurate in our notions of the exact influence of this agent upon the system in its various directions of impression.

Another point is, not only the question of the cumulative action of digitalis, but its relation to the *persistence* of action.

So far as the cumulative action of digitalis is concerned, while this drug has been regarded for indefinite years as the type of this peculiar sort of action, I am well convinced that it is extravagantly represented, and that, with our present experience, the probability is that there is no peculiarity of action in this respect. So, too, incidentally, I suggest that this whole question of cumulative action is mostly a myth. But it seems pretty well established that the peculiar effects of digitalis are not very immediate; thus a few repeated doses may act very promptly, or there may be several hours of delay, and yet the drug will, or may by and by, produce very positive and specific effects. This only indicates the *persistence* of the agent—often slow to act, but sure and persistent; the effect when produced being comparatively a permanent effect.

The prominent therapeutic uses of digitalis serve still further to illustrate its nature and peculiarity of action.

Thus, if we take the whole range of *acute inflammations*, we find a disposition to employ this agent very much as we use *veratum viride*—that is, as sedative or depressing of the heart's action, and yet I am very confident that, for the control of most acute inflammations, digitalis is not so desirable as other agents. And yet it certainly does have a control over the circulation; and with a physician who is familiar with his agents, or in the habit of their use, I can readily understand that it might be a valuable resource, but not to him who only uses it at accidental or occasional times.

So, too, take its influence over the secretions, thus affording to us a remedy in *dropsical* conditions. How does this drug promote the urinary discharge? If we accept the idea of its depressing action, then we are at a loss to account for the stimulant effect upon the kidney; and while I am confident that in many cases it does increase the urinary secretions, yet I presume it does so indirectly. Thus, by a relaxing impression upon the general secretory functions, it is probable that associate secretory functions are influenced.

And yet I suppose digitalis is useful as a remedy in various forms of dropsy, aside from its influence over the kidney. Thus, if the dropsy be dependent on organic changes in the heart, or upon tubercular deposits in the pulmonary structure, then we have good reason for a control of organic action which may be afforded by digitalis. My own experience, I think, corresponds with author's that the dropsy of acute diseases, and especially scarlatina, is a peculiar indication for the use of digitalis.

Again, organic affections of the heart have been pointed out as proper cases for the use of this remedy. Why? In most cases there is a necessity for a control of the heart's action; a remedy which will be steady and persistent. To meet some of these indications, I am in the habit of using digitalis in combination with other similar agents; thus, I give digitalis with some of the preparations which contain or represent *prussic acid*. Long ago, Dr. Corrigan, of Dublin, called attention to an important matter in regard to heart disease. He suggests, very pertinently, that if the defect be in the aortic valves, that the enfeebled condition already affords regurgitation; hence, this organic change forbids the use of such a remedy as digitalis, because its influence would be to in-

crease the difficulty—certainly a very plausible exception to the use of the remedy.

Having trespassed upon the reader thus far, I can not, in this article, do what I intended—that is, express my views of the specific value of this medicine in particular diseases. What I most desired, however, I have very nearly accomplished—which is, to use therapeutic experience to suggest the real therapeutic value of this drug; and I feel very sure that a more careful use and experience with digitalis will afford to the profession a renewed, or, at any rate, an enforced confidence in its value. All this omits any consideration of the active principle, digitalis, which would undoubtedly afford a more uniform means of administration.—*Lancet and Observer.*

A CASE OF CHOLERA INFANTUM WITH TREATMENT.

BY C. L. GREGORY, M. D., MONTEZUMA, OHIO.

The report of a case of cholera infantum in July last, may not be without interest at this season. The treatment might possibly be of benefit also. A—, male, æt. 18 months, fair complexion, robust, was attacked suddenly with copious alvine discharges, which quickly became purely serous, scarcely staining the linen. I arrived in three hours from first discharge and found patient slightly restless; pallid surface; skin cool and moist; pallor of lips and mucous membranes prominent; eyes sunken and pupils dilated; emaciation marked; no abdominal tenderness or heat; intense thirst; axillary temperature, 97°; pulse 110, soft and feeble; nausea and slight emesis; dejections almost continuous and nearly odorless; no urine passed; prostration great.

Treatment.—Gave *M. v. tr.* cantharides at intervals of ten minutes, and ordered the following:

℞ Tinct. Nucis Vomicae, *M. c.*

“ Opii, *M. xxx.*

Ext. Belladonnæ Fl., *M. xl.*

Spir. Aether. Nitr., *M. cxxxx. M**

*A sol. strychnia—gr. i to the ℥M lx—may be substituted for the tr. nucis vomicae; yet I prefer the latter, notwithstanding the known fact of its uncertain action, and the fixed positiveness of the former. I test my tr. nucis vom. on my own person until I am convinced of its value or worthlessness. If of suitable strength, I use it; if not, I throw it away. In testing it I commence with a small dose at certain intervals, gradually increasing it till I am satisfied.

I administered four drops every thirty minutes, till the vomiting and dejections were checked, then every one, two, three, or four hours, as seemed to be indicated by the subsidence of the symptoms.

I gave four doses tr. canthar. as directed above. Five doses of the second prescription were given at intervals of thirty minutes, when the time was extended as directed. These were the doses retained; others were thrown up. When a dose was vomited immediately, it was repeated at once. The irritability of stomach with vomiting, was a serious obstacle to treatment. As after treatment I ordered an easily-digested and nourishing diet, with the following:

R Sol. Potass. arsenit.,
Tinct. nucis vom., aa M. c.
Spir. aether. nitr., M. cc. M†

Dose.—Six drops four times per day. Case dismissed.

Less than a week after discharging this case, I was informed that the restorative medicine had caused an extensive "breaking out" to appear on the child's person, for which I was requested to prescribe. Without seeing the case I ordered the medicine discontinued, the child dressed coolly, thoroughly aired daily, and a tepid bath at night. Three days later I was summoned in haste to this child again. It had a second attack of cholera infantum, though far milder than the former one. The same treatment was ordered, but not so frequently repeated. The "breaking out" had disappeared. As convalescence progressed, the same after treatment being ordered as before, I was perplexed by the return of the rash, *lichen tropicus*. I repeated my former directions concerning it, and again, following its retrocession, the child had a diarrheal attack which was yet milder than the second. The same treatment was again instituted, and upon convalescence becoming established, the heat-rash once more presented itself. I now ordered the restorative continued and the rash ultimately faded away.

I have been unable to find a parallel to the latter part of the above case in the authorities within my reach, but I believe that had I let the rash alone, and continued the restorative, the second and third diarrheal attacks would not have occurred; and this will be my course should I ever meet another like case.

†This formula is written as used then. I now either supersede the spts. nitr. by a more active diuretic or add it to the formula.

I also add opium in small doses when convalescence is retarded by a diarrhea.

Obviously there must have been some connection between the heat-rash and cholera infantum; and I believe them to have been complements of one and the same pathological condition.

And that pathological condition, it seem to me, consists 1st, of an irritation, and 2d,* of an exhaustion or paralysis of the great ganglionic nervous system. And I believe the primary cause of cholera infantum to be referable to an atmosphere highly heated, and surcharged with the effluvia of vegetable and animal decomposition.

Attacks are precipitated by sudden transitions from heat to cold, improper food, dietary excess, etc., but these, when operative, are exciting causes only. The primary cause (poisonous effluvia) being introduced into the system by the respiration, acts, when not too concentrated or consecutively long continued, as an irritant to the great sympathetic system, causing an increased flow of blood through the capillaries, the result of which is a heat-rash; then, if the heated surface be rapidly, or more slowly and surely cooled, this tainted blood is driven from the periphery to the internal organs; the rash vanishes; the sympathetic is exhausted by the intensified action of the poison; the serum of the blood transudes into the alimentary canal; and we have cholera infantum. All cases of retrocession of *lichen tropicus* are not followed by cholera infantum. The poison may not be of sufficient malignancy, or the case may pass out of the baneful influence, etc.

Again, all cases of cholera infantum are not preceded by *lichen tropicus*. The poisonous emanations may be of such withering virulence as to paralyze the sympathetic at once.

Now then, the treatment is manifest. Nux vom. as a direct stimulant to the spinal nerves, and tonic to the sympathetic; opium as a cerebral stimulant and arterial tonic; belladonna as a powerful stimulant to the sympathetic, restoring the capillary circulation; a diuretic to carry out of the system the products of retrograde metamorphosis; and arsenic as a tonic to the vegetative system, aiding digestion and assimilation.

I use the foregoing formulæ in other diarrheas than cholera infantum; changing size of dose and time of administration as each case requires, and considering the amount of febrile action, special symptoms, etc. I do not use them as *invariables*, but add to or take from, as may be indicated; and no man need take them as written, fire them into the sick at random, and expect a cure in

*This is also the pathological condition in Asiatic cholera.

every instance. Give each drug a special study and do your own thinking.

Quinine, opium, aconite, veratrum, etc., will each find a place. I frequently find the addition of small doses of ipecac, of marked benefit.—*Lancet and Observer*.

Monthly Summary.

OF

Therapeutics and Materia Medica.

When May a Syphilitic Father Procreate a Syphilitic Child?

Dr. Taylor, Surgeon to the New York Dispensary, speaks of the well-known communicability of syphilis by the blood, and adds: To apply this fact practically, supposing, as is most probably the case, that a man's blood is contagious during the whole secondary period, which on the average we state to be two years; now, during that whole time, if by chance that fluid is placed in proper conditions, contagion ensues; while even if a patient has the most inveterate attacks of mucous patches, they certainly are present, and therefore contagious, but let us say for one-half of that time at the most. "I have been struck by the want of attention paid, and I may say by the ignorance displayed, by very many as to this contagious nature of the blood, and I have seen numerous undoubted instances in which newly married women have become syphilitic through this means, in consequence of the physician not having warned the syphilitic husband prior to marriage." In several instances he has learned that they were informed of the probabilities of occurrence, and of the danger of mucous patches, and assured that they were the only dangers to be feared. So strongly has this fact been impressed upon his mind that he in every instance, when it is necessary, warns patients solemnly of the danger of chafes and fissure about the penis. When advising men, of course he insists as far as possible on the lapse of at least two years from contagion, and even longer if the manifestations of syphilis show an unusually active state of the disease. At the end of this time, in seemingly auspicious cases, he informs them, if they have been treated regularly and for a certain time, that they are as well as they could be, perhaps are even cured, but that there are certain precautions to be observed and danger to be avoided. He then carefully explains or reiterates the nature and danger of

mucous patches and of ulcerative lesions, and goes minutely into the liabilities of contagion by the blood.—*Charleston Medical Jour. and Review*, July, 1875.

Hereditary Syphilis.

Dr. Jacobi says that it is probable that the large number of diseases we see in childhood, extending into manhood and adult life, and exhibiting themselves in the abdominal cavity, are due to syphilis. If placed on a mercurial treatment, a great number of these would recover. He would repeat the observation he had already made many times, that the great reputation which calomel had gained in the treatment of every sort of diseases is in consequence of the fact that a large number of forms of diseases are due to hereditary syphilis. Whenever the physician has to deal with syphilitic diseases, no matter of what description, generally, mercury, will do good. There may be suppuration and pus, and other consequences, due to syphilis: give calomel, give mercury in various forms. There may be chronic pneumonia, or pericarditis, or consumption, due to the same cause: give calomel and success will follow in many cases, in a very short period, when success was not thought possible. It appears that we are menaced by a revival of mercury in America of formidable dimensions.—*Charleston Med. Jour. and Review*, July, 1875.

Transplantation of Bone.

A novel description of transplantation is mentioned as having been described by Nussbaum, at a surgical conference held at Munich in which he discussed certain forms of mal-union after fractures, with special reference to what is known as pseudarthrosis, and the treatment applicable under such conditions. If, after the loss of a considerable quantity of bone, the fragments are widely separated, and possess only a ligamentous union, he suggests that a piece of bone should be transplanted from one of the fragments to supply the deficiency, and he has accomplished this in one case with a successful result. This was in an officer who had sustained an extensively comminuted fracture of the ulna from a gun-shot injury, which, after necrosis, and separation of the small pieces, had healed, leaving a false joint with the ends of the fragments two inches apart, and united only by a slender ligamentous band. Although the radius was unbroken, there was considerable unnatural mobility, and great impairment of the usefulness of the arm. In performing the operation the seat of fracture was first

exposed, and then, after removing the intervening fibrous band, a piece of bone two inches long, and involving half the thickness of the ulna, was separated from the upper fragment by means of a saw and chisel, so that it was left adhering only to the tip by means of a narrow bridge of periosteum; it was then brought down so as to occupy the interval between the fragments, sutures were placed in the wound, and the limb was supported in a plaster-of-Paris splint with a window. All went on well after the operation; the wound closed in the course of a few weeks after the separation of a minute sequestrum, which only amounted to about one-tenth of the transplanted portion. "The piece of bone which had been transplanted had united, and could be distinctly felt," and, after a while, "the firmness of the now uninterrupted ulna was clearly established." After six months the use of the arm had so far returned that the patient was pronounced fit for service. *Medical and Surgical Reporter*, July, 1875.

Urinary Retention.

Boston Medical and Surgical Journal, May 12, reports the following method as commonly resorted to at the Boston City Hospital in primary treatment of urinary retention: A boy, fourteen years old fell, receiving a contusion of the hip; retention of urine followed, which could not be relieved; notwithstanding repeated attempts with the catheter, the bladder was distended to the umbilicus. Dr. Ingalls punctured the bladder above the pubes with the aspirator, and drew off three pints of alkaline urine, with slight pain great relief, and no ether. The next day patient was catheterized, afterwards micturated with ease and was well. This course Dr. J. finds admirable, as the urethra rests and recovers from congestion, swelling, and tenderness. Generally one, two, or three aspirations are required, relief certain, the pain slight, and the danger is nothing so far as is shown by a pretty large experience of this hospital. The operation may be repeated two or three times a day with safety.—*Charleston Med. Jour. and Review*, July, 1875.

Treatment of Cancer by Marsden's Arsenical Paste.

Dr. Daniel Lewis, of New York, contributes to the *American Practitioner*, (Dec., 1874) the results of ten unpublished cases of cancer treated by Marsden's arsenical paste, viz:

- R Arsenious Acid..... 3 ij.
 - Mucilage of Gum Acacia..... 3 j.
- Mix into a paste too thick to run.

Of three cases treated by Dr. Crandall, Andover, N. Y., one patient, male, aged 69, "lived two years without recurrence [of the epithelioma of two years' standing below the left ear], when he died of some cardiac affection;" the second patient, aged 50, epithelioma on right cheek, still remains well after five years; and the third, male, aged 62, medullary cancer of the vertex, continues well after two years.

Dr. L. then reports seven cases treated in the same way by himself, with uniformly satisfactory results; and two cases by Prof. Fordyce Barker, one without recurrence after four years, and the other with recurrence after one year, when the knife was used, but with what result, is not known.—*Virginia Medical Monthly*, January, 1875.

Splints of Plaster of Paris and Hemp.

The London *Medical Record* quotes from Dr. Beely a notice of this new kind of splint, which, during the past twelve months, has been extensively used by Professor Schönborn, of Königsberg. The materials used in the composition of this splint are heckled hemp, the fibres of which must be arranged as parallel as possible, and gypsum powder, such as is used in the ordinary gypsum bandage. Bundles of the hemp, each of about the thickness of the little finger, and of a length corresponding to that of the part to be covered, are dipped in a mixture of gypsum and water, and then applied, side by side, over the surface of the limb, which surface should have been previously oiled or covered by flannel. These splints speedily become dry and form a hard casing, closely applied to the whole surface of the limb. They can be readily strengthened by the subsequent addition of other bundles of hemp, saturated in the same way by gypsum and water, and may be rendered waterproof by painting over their surface an alcoholic solution of shellac. When it is necessary to apply a splint of this kind to the posterior surface of the leg or thigh, and the patient cannot turn over so as to place this surface uppermost, the bundles of hemp, after mixture with gypsum, should be kept in contact with the limb by means of a flannel bandage. The advantages which this is alleged to possess over other fixed splints of different composition are its cheapness, the facility of its application, its durability, its porosity, and the rapidity with which it becomes dry and firm. Dr. Beely thinks that it would prove a very useful application when a patient suffering from fracture or

gunshot wound has to be moved, and that gangrene would be less likely to occur than from the use of the ordinary gypsum splint. In Professor Schönborn's practice this form of splint has been applied in about fifty cases, and generally successfully.—*Med. and Surg. Reporter*, July, 1875.

Bromide of Lithium.

The *Revue de Therapeutique* gives the following as the results of Dr. Rouband's tests of this drug:—

1. Bromide of lithium is a drug which has a two-fold action. 2. It possesses in a high degree the lithontriptic qualities which are universally recognized in the salts of lithia. 3. It affects reflex sensibility in a more energetic manner than the other bromides, without the unpleasant effects on the heart which the bromide of potassium has. 4. Consequently it takes its place in the first rank of antilithic and sedative drugs, and its action is especially valuable in cases of the uric acid diathesis, which are accompanied by painful phenomena, and in the neuroses which are so often associated with the presence of uric acid.—*Medical and Surgical Reporter*, July, 1875.

Liniments of Croton Oil.

℞ Olei Croton Tiglii.....	3 i.
Ether Sulph.....	3 ij.
Tinct. Iodine.....	3 v.

M. To be applied two or three coats at a time, with a camel's-hair brush, over a small surface, once a week.

This is most useful for children, females, and sensitive males.

The stronger croton oil paint is given as follows:

℞ Olei Croton Tiglii.....	3 ij.
Ether Sulph.....	3 iv.
Tinct. Iodini.....	3 ij.
Potass. Iod.....	℥ i.
Iodine.....	x grs.

M. Paint as before.

These croton oil paints are advocated by Dr. John W. Corson as a substitute for blistering, in all cases where a counter-irritant effect is desired. They produce less debilitating effect, and are more steady and continuous in their effects.—*New Remedies*, April, 1875.

Traumatic Tetanus—Morphia—Recovery.

Dr. R. D. Winsett reports the case of a cavalry officer, aged twenty-four, who received a wound in the glutei muscles, which

was followed in six of seven days by marked tetanic symptoms, with spasms, complete trismus, and opisthotonos. He was ordered every three hours a pill containing one grain each of powdered camphor and assafetida, and a half grain each of extract of belladonna and sulphate of morphia. In addition, he was given a grain of sulphate of morphia every hour, with large quantities of gruel and milk punch. He continued without much change for eight days, the same treatment being persevered in—sixteen grains of morphia being given daily. At the end of that time he began to improve, and in a few weeks entirely recovered.—*Charleston Med. Jour. and Review*, April, 1875.

Formulae for the Troublesome Cough of Phthisis.

R Potassii Bromidi.....	}	aa 3 iss.
Potassæ Chloratis.....		
Ammonia Muriatis.....		
Syrup Tolutani.....		3 iv. M.

Tablespoonful every two or three hours.

R Tincturæ Opii Camphoratæ.....	3 i.
Tincturæ Belladonnæ.....	3 i.
Tincturæ Hyoscyami.....	3 ij.
Spiritus Lavendulæ comp.,.....	3 i. M.

Ten drops on a lump of loaf sugar every hour until cough is relieved.—*Atlanta Med. and Surg. Jour.* April, 1875.

Pityriasis Capitis.

Dr. Malassez recommends the following ointment to be thoroughly rubbed into the scalp morning and evening:

R Butter of Cacao.....	
Castor Oil.....	
Oil of Sweet Almonds.....	aa 3 ij.
Turpeth Mineral.....	grs. xv. M.

The hair should be cut short, and the head washed with an alkaline soap every other day.—*Medical and Surgical Reporter*, April, 1875.

Hooping-Cough.

Wilde claims that he can cure every case of hooping-cough within eight days by the following treatment: The patient is not to leave the room, and at every access of coughing is to hold before his mouth a small piece of cloth, folded several times, and with a teaspoonful of this solution: ether, 60 parts; chloroform, 30 parts; turpentine, 10 parts.—*Atlanta Med. and Surg. Jour.*, March, 1875.

For Chilblains.

Alcohol (85°).....	100 parts.
Glycerine	25 "
Carbolic Acid	1 "

Professor Hebra of Vienna recommends the following ointment to be spread on strips of linen, and wrapped at night around the parts affected with chilblains:

Cerat. simp.....	℥ ii.
Olei. olivæ.....	fl ℥ ij.
Glycerinæ.....	fl 3 ij.
Camphoræ tinct.....	fl 3 j. M.

—*St. Louis Eclectic Med. Jour.*, April, 1875.

Mild Zinc Ointment.

Many years ago we adopted and furnished to the profession the following formula: R Olive oil Opt., lbs. ij; Spermaceti, ℥ ij; Cera Alba, ℥ ix; White Oxide of Zinc, ℥ iv; Benzoic Acid, 3 ij; Sulphate Morphia, 3 ij; Oil of Rose, gtts xx; this should be gently heated and thoroughly mixed, stirred and then used cold. As a dressing for all forms of open inflamed ulcers, in burns and scalds of every kind, there is none equal to this.—*St. Louis Eclectic Medical Journal*, April, 1875.

Ophthalmic Ointment.

R Glycerine, 3 ij; Hydrastin, 3 j; Mild Zinc Ointment, ℥ ij; Aconitin, grs. j. mix well. To be applied to the eyelids in cases of granulation, three times a day. This is also valuable in Scrofulous or Gonorrheal Ophthalmia. While we do not advocate the adopting of regular or fixed formulæ in the practice of medicine, to which disease must be brought, yet, we see no reason why practitioners may not be benefited by an acquaintance with well-known preparations, which have been, and still are used with great success, by those who are well acquainted with them.—*St. Louis Eclectic Medical Journal*, April, 1875.

Solution of Iodoform.

Dr. N. G. McMaster has introduced at Emigrant Hospital, Ward's Island, the ethereal solution of iodoform in the treatment of some venereal diseases. The solution is made by adding 3 ss of iodoform to ℥ j of ether, and has the advantage of being more thoroughly applied to the tissues, as upon the evaporation of the ether the iodoform is left in a very minute state of distribution. This

solution has proved specially serviceable in the treatment of balanitis. The method of applying is to paint it over the inflamed gland with a camel's hair pencil, and by repeated applications of the solution any quantity of the iodoform may be deposited.—*St. Louis Clinical Record*, May, 1875.

Oxide of Zinc for Night Sweats.

The *Pacific Med. and Surg. Jour.*, remarks that the most ancient and venerable remedy for night sweats is aromatic sulphuric acid, in infusion of cinchona, serpentaria, or sage. The best of all remedies, however, is this: Oxidi zinci, gr. xxx. ext. hyoscyami, gr. xv. M. f. pil. x. Sig. Take one at bed-time.—*The Peninsular Journal of Medicine*, April, 1875.

Tetanus Successfully Treated.

Dr. J. B. Carruthers reports (*Lancet*, Sept. 26th, 1874) a case of traumatic tetanus in a boy, æt. 14, successfully treated by chloral hydrate and bromide of potassium. At first the case was most disheartening, but by steady perseverance in the treatment the convulsions gradually weakened and finally ceased. The amelioration of the symptoms on the third day after the chloral hydrate and bromide of potassium were given, were most marked.—*Canada Lancet*, April, 1875.

A Pill for Jaundice.

Dr. Bartlett writes to the *Missouri Clinical Record*: The following combination I use in icterus, or jaundice:

R Hydr. chlor. mit. gr. iiij.
 Quiniae Sulph. gr. xxiv.
 Pulv. Opii. gr. jss. M.
 Ft. pil. No. 12.
 Sig. one pill every four hours.

This pill will act when a dose of calomel unencumbered fails to act. The opium, of course, confines it, but the quinia also materially assists its action.—*Med. and Surg. Reporter*, April, 1875.

Incontinence of Urine.

If they blistered the child's sacrum, put it on tinct. of iron and belladonna, and gave no salt in its food, they would have very few cases of incontinence of urine.—*Charleston Med. Jour. and Review*, July, 1875.

Editorial.

ELIXIR IODO-BROMIDE OF CALCIUM COMPOUND.

Scrofulous Swelling with Abscess of the Ankle Joint, Complicated with Erysipelas.

As experience is the only proper guide in forming a true estimate of the virtues and value of any medicinal remedy, I regard it but simple duty to say that I find the Elixir Iodo-Bromide of Calcium Comp., one of the best alteratives I have ever employed. I have used it in quite a number of cases with astonishing results. One case, that of Mrs. G., is particularly worthy of note. A widow lady, aged 55, with chronic inflammation of the ankle joint, with two running sores near the joint. She was of a scrofulous diathesis and subject to attacks of erysipelas. I treated her for a month with alteratives, as Proto-Iodide and Chloride of Mercury, Iodide of Potassium, &c., but with my best endeavors, she did not improve. She was attacked with violent Pneumonia and came near dying. After her recovery the ankle assumed as she expressed it, a "fearful condition," badly swollen and very painful with *nine* running sores around and about the joint. The condition alarmed me. I treated her for two weeks, much as before her illness, with no better results. Just at this juncture in affairs, I noticed in the *Journal of Materia Medica* some very extraordinary cures effected by the "Elixir Iodo," and decided to give it at once a trial, and was gratified at the immediate improvement perceptible, and in one month the sores were healed. Swelling passed away and with it all pain, and in a short time she was able to walk and take exercise. She remarked to me the last time I called that she had not been so well in five years.

Since this I have treated a number of other cases of scrofula, less severe but with equal results. DR. A. OSBORN, Peru, Huron Co., Ohio.

Treatment for Gonorrhoea.

Gentlemen—Please allow me to mention one or two cases in which the Elixir Iodo-Bromide of Calcium Comp., and Solution of the same have been of unparalleled benefit in my practice.

CASE 1st. O. W. E., aged 35, had some discharge from the urethra, and excessively swelled and painful testicle, owing, probably to improper treatment for gonorrhoea. His general health also suffered and was feverish—no appetite—greatly prostrated. Had had gonorrhoea six months previous to my seeing him, but supposed himself cured.

Such was his condition when he called on me for treatment. Ordered Elixir Iodo-Bromide of Calcium Comp., one to two teaspoonfuls, properly diluted, three times daily—Solution of the same externally. In three days there was marked improvement; pain and swelling less—less fever—all symptoms subsiding—same treatment continued. Appetite soon began to improve, strength returned—in a word, he was convalescent. These were the only remedies used, and to-day, after having taken one bottle of the

Elixir and used a small portion of the Solution as a topical application. He is *well*.

CASE 2d, N. P., aged 28, had been troubled with eczema for a year. Had been attended by eminent Physicians in Boston and elsewhere, but gained no permanent relief. He came under my care eighteen months ago. At that time he was able to sleep but very little, on account of the severe irritability and itching. During the extreme cold weather of winter, he was obliged to jump out of bed more than once during the night and run about the room and *scratch*.

I put him at once upon the use of the Elixir Iodo-Bromide internally and Solution externally. There was a gradual improvement and for six months past, has had no appearance of the disease.

Respectfully, &c.,

Becket, Mass., July 3d, 1875.

E. G. WHEELER.

Malignant Erysipelas.

Case of Mr. DAN'L NEWCOMB, of Red Hook, N. Y., aged sixty-eight. In the spring of 1878, had a violent attack of Malignant Erysipelas of the head and face, which left him in a broken, feeble state of health—blood very irritable—system sensitive, and one eye seriously affected—the tear duct inactive—lower lid drawn down and rolled over. Several skillful physicians saw him and gave usual suggestions, remarking, “the wonder is that you lived,” or, “even this condition is more favorable than might have been.” And it was evident not one of them expected improvement, except through surgical or severe experiment. As the list of local applications and internal treatment of Tonics, Iron and Fowler's Solution, had been of no perceptible benefit, I determined to see the result of Iodo, Elixir and Solution, used according to your instructions, and with no other remedy in connection. The effects were truly astonishing. In two weeks his appetite was good and uniform—the flow of tears much less. In one month the lid was contracting, the redness of face and eye fading out and the inner surface of the eye-lid assuming a smoother and natural look, instead of the graulate appearance it had worn for months, and which was growing more and more positive.

Now, with less than three months treatment, his improvement in health, strength and appearance is indeed wonderful, in view of the serious amount of trouble and his advanced age.

At his request I offer this as a proof of his gratitude, and a just tribute to the value of the Iodo-Bromide Calcium Comp.

CASE No. 2.—Mrs. B.—aged forty, discovered in the summer of 1878, a small bunch, size of a half pea, on the outer side of the left breast. Her health rather broken, by previous severe illness. She had usual treatment of tonics, stimulants, Iron and Fowler's Solution, Iodine externally applied to the tumour, but it steadily grew larger, and she complained of a *heavy* tired feeling of the side. The following February, it was in form and size like a very large lima bean. At that time she consulted a skillful

physician and surgeon who advised, in view of what had been applied, "leave it entirely alone for a time, and if it should grow painful there is something to do," of course this indicated the knife, and against that she was decided.—Soon after I wrote you for a supply of Iodo she began taking the Elixir, and using the Solution as a local application and no other remedy or thing combined. At that time the bunch was strongly defined, not above the surface line, but growing inward, the skin tightly drawn, but no redness except from pressure of dress, of which she complained—sharp needle-like pains were beginning to be felt at times, and she was sadly afraid of great trouble. Three weeks after beginning your treatment, the tone of her health was greatly improved; appetite better than for months; sleep restful, and the tension of surface over the bunch decidedly less; in two weeks more it had quite softened and was smaller. Now, after three months, there is no enlargement that would attract attention if we did not know what has been. There has been no breaking open on the surface, but quietly it has disappeared and more rapidly than it formed. She will continue taking the Elixir for a time, and is very grateful for its benefits.

In Bilious and Typhoid Fevers.

Extract from letter of CHAS. W. ANDREW, M. D., Wayland, Mich., April 27, '75.

"I have used the Elixir Iodo-Bromide Calcium Comp., very extensively in my practice, and find it a most efficient and reliable remedy in general debilitated state of the system. I have no hesitation in pronouncing it the best tonic I have ever used in convalescence from Bilious and Typhoid Fevers."

As a Tonic and Alterative.

Extract from letter of M. J. GRIFFITH, M. D., Fredricksburg, Va., April 12, '75.

"I have used the Elixir Iodo-Bromide Calcium Comp., largely in practice. and regard it as an excellent remedy in chronic affections; when a tonic and alterative effect is indicated."

BROMO-CHLORALUM.

In Ulcerative Sore Throat.

Extract from letter of M. VROMAN, M. D., Weston, Oregon, Feb'y. 23, 1875.

"I have used Bromo-Chloralum in fifty-three cases of Ulcerative Sore Throat—in thirty of them without the use of any other gargle or wash, and have lost only one case."

Poisoning by Poison Ivy.

Extract from letter of J. A. INGLES, M. D., Morea, Crawford Co., Ills., April 14, '75.

"I have used the Bromo-Chloralum in two cases of poisoning by the Poison Ivy—the feet and legs being the parts affected. In one case a single application of the Bromo undiluted was sufficient to produce a cure—in the others, only two were found necessary. It caused a little smarting, which lasted but a short time.

Messrs. TILDEN & Co.:

—Michigan, May 24th, 1875..

Gentlemen—The old saying is, "Give honor to whom honor is due," therefore I take the liberty to inform you that as far as I have used your Fluid Extracts, I find them fifty per cent. stronger than those of Parke, Davis & Co., Detroit, Michigan. The small bill which I bought of you this month, is the first I have used of your manufacture—notwithstanding I have practiced medicine since March, 1856, being over nineteen years."

CHLORAL IN INCONTINENCE OF URINE.

Mary——, aged 13 years, had been troubled since a child, with nocturnal incontinence of urine, not failing for several years to wet the bed every night. Had tried every conceivable plan of treatment with no benefit until I ordered the following:

R Chloral Hydrate..... ʒ v.
 Syr. Aur. Cort..... ʒ ii.
 Aquæ..... ʒ ii.

Mix. S. Teaspoonful at bed-time.

The cure was commenced at once and complete, after first week, it not being necessary to use whole of first bottle.

G. W. DAVIS, M. D., Holyoke, Mass.

ERGOT IN DYSENTERY.

Eddie E., aged 16 months, took dysentery on July 20th. Discharges every 15 or 20 minutes.

R Tr. Ergot..... ʒ j.
 Morphia Sul..... gr. ss. M.

S. One-half teaspoonful every two or three hours.

21st. No better. Added to the mixture five grains Powdered Kino. 9 o'clock P. M., Child lays stupid, with eyes half closed. Operations largely mixed with blood, and passed involuntary. No pain. Commenced giving three drop doses every hour, of TILDEN'S Fl. Ext. Ergot., (Formula 1874.) Had three operations during the night, and woke up bright and fresh in the morning.

22d, 12 o'clock M. Has had no operation since 7 o'clock. Is playing and takes nourishment. Symptoms all good, and is really convalescent. Have used the Ergot in a number of other cases, with like results. Opium or Morphine should be given to relieve pain and griping, and small doses of Salta, repeated every three hours to move the upper bowels when required. Aconite to control fever; when there is much tenesmus, injections of Tr. Opii., Ipecac and F. E. Ergot should be used, to which may be added sometimes, with benefit, Quinine. TILDEN'S Formula, 1874, is the only preparation which will do to rely upon. A. J. EIDSON, M. D.

Correspondents will oblige by writing plainly their names, Town, County and State. We are frequently unable to answer letters because these are omitted.

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[No. 9.

Communications.

DIGEST OF MEDICAL REPORTS.

BY JOSEPH BATES, M. D.

Digitalis as a Remedy.—By EDWARD B. STEVENS, M. D., Prof. of Materia Medica, in the Syracuse University, New York.

Dr. S. maintains in this paper that *Digitalis* is a controller of the heart's action, either directly or indirectly, is beyond question. His own experience has been that such control is not uniform as to character or degree. He is also satisfied, that this irregularity of action is very materially controlled *by position*. He continues:—"Thus, it seems very well established by experience confirmed by theory, that while under the influence of *digitalis*, the patient should be kept in the recumbent position; because the heart being weakened, a sudden change to the erect posture, would overtax the heart's lifting capacity, and syncope be the result. So it is quite possible that neglect to observe this precaution may account for irregularities of action observed both with others and myself." Dr. S. admits that some of the facts reported, and views expressed, relating to the effects of this drug, certainly seems contradictory and not easy to reconcile. BENICE JONES is quoted, as thinking *digitalis* is, in the first place, a stimulant, but in large, or continued doses, it becomes a decided sedative to the heart. Dr. S. inclines

to the opinion that this primary stimulant action is real, and that position may have obscured the effects which were being produced. Sir HENRY HOLLAND is introduced as saying:—"More attention is required than is always bestowed in estimating the actual changes in the pulse. It is not enough to feel it once, or in one posture only.

The difference between recumbency and the upright posture will often totally alter its character.—It should be examined also, after some cordial has been given, to ascertain the facility of bringing it back to its ordinary state. An inference may be formed at one moment, or under one posture, which the lapse of five minutes and change of position will altogether belie." Dr. S. in continuing his paper, says, so far as the cumulative action of digitalis is concerned, while this drug has been regarded for indefinite years as the type of this peculiar sort of action, he is well convinced that it is extravagantly represented, and that, with our present experience, the probability is that there is no peculiarity of action in this respect. He suggests that this whole question of cumulative action is mostly a myth. He says it seems pretty well established that the peculiar effects of digitalis are not very immediate; thus a few repeated doses may act very promptly, or there may be several hours of delay, and yet the drug will, or may by and by, produce very positive and specific effects. "This only indicates the persistence of this agent—often slow to act, but sure and persistent; the effect when produced being comparatively a permanent effect,"

In the whole range of *acute inflammations*, Dr. S. finds a disposition to employ this agent much the same as *veratrum viride*—that is, as a sedative or depressant of the heart's action, and yet he is very confident that, for the control of most acute inflammations, digitalis is not so desirable as other agents. He has no doubt of its control over the circulation; and with a physician familiar with his agent, he can readily understand that it might be a valuable resource, but not to him who only uses it at accidental or occasional times. Its influence over the secretions suggests it as a remedy in dropsical conditions. If the dropsy depend on organic changes in the heart or tubercular deposits in the pulmonary structure this agent may afford relief. Dr. S. experience corresponds with authors that the dropsy of acute diseases, and especially scarlatina, is a peculiar indication for the use of digitalis.

In organic affections of the heart, there is a necessity for a control of its action; for a remedy which will be steady and

persistent. To meet some of these indications, Dr. S. is in the habit of using digitalis in combination with other similar agents; he gives this agent with some of the preparations which contain or represent prussic acid. (*Cincinnati Lancet and Observer.*)

Gum-Cutting.—The author of this paper observes, the let-alone system of treatment is good; in very many cases it is the best; but not always the best. The relief afforded by a free incision through the gum in some instances in which there was acute pain, has under his observation, been more marked than that afforded by any operation that he ever saw. He remarks that the tooth, in the very great majority of cases finds its way through without difficulty to the child. Occasionally when the child is nursed, more frequently when fed, and often when improperly fed, the little one apparently suffers pain in the mouth, head, and bowels, whenever a new tooth is about to make its appearance. In another class of badly-fed patients there is always loss of appetite at this time, sleepless nights, nausea, and vomiting. In others, cough comes on which only exists then, and for which auscultation gives no explanation, and the patient's sufferings are augmented by "hive syrup," squills, and other nauseants, without relief, and narcotic drugs, which stupefy but fail to cure. He mentions another class of improperly fed children, who have convulsions, sometimes slight, at other times fatal. He observes:—"There is no disturbance of the nervous system so far as I know which may not exist in the teething child, and none which may not be aggravated by improper food. Indeed, the time of dentition is the time when by far the greater number of deaths take place among children, whether the immediate cause be in the head, the chest, or the abdomen." Cutting the gum may be as great a relief to an obstruction as when an incision is made over a bullet, a piece of bone, a splinter of wood, or a fragment of needle beneath the skin. Suppose the gum should heal after the incision, and the child's sufferings should recur; that is no good reason for withholding relief now. And if it should suffer again, it can be relieved a second, and even a third time. The author never saw the case in which, if the gum-lancet went well through, and was felt upon the surface of the tooth, there was any trouble with that particular tooth afterwards. If the lancet is felt to graze the tooth through the whole length of the insision, the relief is more than temporary; the immediate covering of the tooth never unites again, the growth

of the tooth and the elasticity of the tissue preventing that process.

The second effect of gum-cutting is the relief of obstinate diarrhœa, obstinate constipation, and of all apparent signs of diseased brain, such as vomiting, stupor, convulsions, enlarged and non-contracting pupil. (*Boston Med. and Surg. Journal*,) *et. (Dental Cosmos*, June, 1875.)

A Simple Method of Guarding Against Lead Poison.—Filtration through charcoal is the remedy. Says the Chemist and Druggist: "It is well known to chemists that charcoal, in some forms, has the property of decomposing the salts of lead and rendering them innocuous. Advantage has been taken of this principle in the manufacture of the silicated carbon filters, which so completely remove lead from water that the most delicate chemical tests fail to detect the slightest trace after filtration (*Sanitarian*, June, 1875).

Excessive Constipation.—T. D. STRONG, M. D., of Westfield, N. Y., has published in the Oct. No., of the *Medical Sciences*, a case of habitual and excessive constipation; eight months and sixteen days between fecal evacuations. The weight of fecal matter at one dejection was approximately obtained. He was weighed just before the movement, and again as soon as he could get to the scales. The difference was forty pounds. The patient is a laborer, and does considerable light work on a farm. Dr. S. observes:—"His abdomen, when loaded, is hard; the diaphragm crowded high in the chest; the colon immensely distended, and traceable like a huge sausage." He is represented as having been under the care of many physicians of all kinds, both intelligent and otherwise, and every imaginable treatment, followed by no permanent benefit.

Arsenic in certain Gastric Affection.—By C. DURSELEN, M. D., Detroit, Mich. He quotes Prof. Bartholow as good authority in such cases for using Fowler's solution of arsenic. Dr. D. administered it to two patients, to the older one in doses of one drop, before each meal; to the younger one, one-half drop before each meal. The result was, that the pain entirely disappeared in less than a week. (*Detroit Rev. of Med. and Pharm.*)

Medical Law of Pennsylvania.—From the *Detroit Review of Medicine and Pharmacy*.—"By this law, just enacted, those only can practice medicine who have a genuine diploma, or who pass a prescribed examination, or who have attended one course of lectures in a respectable school of medicine, and been practitioners five

years, or who have been practitioners ten years. Traveling doctors are subject to the same laws as other doctors, and, in addition, they are required to take out a license for one year in each place visited, and pay into the county treasury two hundred dollars. Fines and imprisonment are the penalties for violation of this law."

Erysipelas treated with Warm Water Dressing.—From the *American Medical Weekly*, Louisville, Ky., May 15, 1875. Paper by A. H. GOELET, M. D., New York, attending Physician to Central Dispensary. To prove the value of this dressing, Dr. G. has reported several cases, which appear satisfactory. One of which I copy. CASE.—William Dunham, aged thirteen, native of the United States, was admitted February 19, 1874, with a compound comminuted fracture of the lower end of humerus and laceration of the perineum. On April 11th., erysipelas began to be developed in the arm as the result of the irritation caused by the removal of a fragment of bone. The arm was painted with tincture of iodine and then enveloped with warm cloths. This treatment was continued until the 15th, the erysipelas continued to extend all the time, when by advice of Professor Hamilton, who was Visiting Surgeon, the tincture of iodine was discontinued and the arm submerged in warm water. It began to show improvement from this time, and on the 19th all inflammation had disappeared." Dr. G. remarks: "The main principle to be observed in allaying, as well as preventing, the extension of erysipelas, is to maintain an equal temperature of the skin, and at the same time allow it to perform its natural function. To effect this, Prof. Hamilton proposes either to immerse the inflamed part in a water bath, to be kept at a given temperature, say 100° F.; or, if this be inconvenient, to cover it with lint saturated with warm water, and this to be kept at the temperature of the part by covering it with oiled silk."

A Novel treatment of Obstinate Vomiting in Pregnancy.—By EDWARD COPEMAN, M. D., P. R. C. P., Senior Physician to the Norwich Hospital, President of the British Medical Association.

The Doctor reports cases, all of which resulted favorably.

This method of procedure will be better understood by reading his reported case. I copy one case only, which may be taken as a representative one. CASE.—"On the 8th of the month of April, 1875, I saw, in consultation with a very intelligent country practitioner, a lady in delicate health just entering the eighth month of pregnancy. She was the mother of nine other children, and her life was valuable. Generally during early pregnancy, and some-

times for several months together, she had been troubled with vomiting, but during the last three weeks, the sickness had been almost incessant; she could keep nothing down, and was in a very feeble and emaciated condition. She had, moreover, a considerable amount of albumen and some pus in the urine, a few casts also; and fears were entertained of there being extensive kidney disease. There was, however, no dropsy, and our opinion was somewhat modified by the knowledge that the urine does often, during pregnancy in the latter months, contain a great deal of albumen. The patient was so ill that she would willingly have consented to artificial delivery, if really necessary. I examined the uterus, and, as in other cases, found it patent, puckered, and dilatable, and I dilated it as much as I could with my finger, in the hope that the sickness might cease after such proceeding. I should say that the usual remedies had been carefully employed without producing the desired effect. A few days after my visit, her husband called upon me to say that his wife had no return of sickness after I left, and was now able to take food without inconvenience, although he still thought her very weak and ill, and feared she would not recover. On the 23d, I received a very satisfactory letter from the surgeon in attendance, to the following effect:—"There was never any urgent sickness after you dilated the os uteri, and the last week Mrs.— has frequently taken with relish and no inconvenience solid food, such as boiled mutton, with asparagus, and drunk home-brewed beer. This morning she was going on quite well; she was not even faint or at all exhausted after her labor. I am very glad I called you in, for I now know how to proceed with cases of sickness in pregnancy. Should I meet with any more such patients, I will either ask you kindly to meet me again, or report them to you." (*British Med. Journ.*), (and *Am. Med. Weekly*, Louisville, Ky., June 5, 1875).

Compound Syrup of Helianthus.—By ROBERT S. NEWTON, M. D.—Dr. Newton claims that the compound syrup of Helianthus is valuable in the treatment of Laryngeal and Pulmonary difficulties. His formula is as follows:

℞ Helianthus seed, finely pulverized.....	lbs. v.
Marshmallow.....	lbs. ij.
Hydrastis canadensis, pulverized.....	℥ ij.
Peach kernels.....	℥ viij.

Macerate in water for ten days; heat this mass boiling hot; then use a displacer until the active principles are obtained, after which

pass one more gallon of hot water through the displacer; then boil and strain the residue, then add twenty-four pounds of loaf sugar and two pounds of the best gum-arabic, boiling the same until the syrup is complete, then add three gallons of pure Holland gin (nothing else to be used), and two drachms of Sulphate of Morphia in solution.

The author says: This is one of the most valuable and reliable stimulating expectorants that can be used in the treatment of the above named diseases; it is expectorant, stimulant, tonic, anodyne, and diuretic. Helianthus seed possesses properties which we have not found in any other articles, and will fulfill many indications that can not be accomplished by other agents; the usual dose of this syrup is from one to two ounces, three or four times a day. It manifests a decided and immediate effect in night sweats, even when the lungs are organically affected (*The Medical Eclectic*, May, 15, 1875).

Rigidity of Os Uteri treated by Chloral.—By F. S. THOMAS, M. D., of Macedonia, Iowa.—Dr. T., as published in the *Am. Jour. of the Med. Sciences*, has employed chloral in a number of cases of rigidity of the os, with the best results.

He first makes the effort to dilate with index and middle fingers, if this fails, he resorts to chloral, given in doses of ten to fifteen grains every ten to fifteen minutes, until the desired effect is produced. He never failed to hasten labor, or to change it from the first to second stage, when the first stage of labor has been prolonged by an undilatability of the os uteri. He would not advise giving chloral in doses to produce complete anæsthesia. Since he began the use of this agent in his obstetrical cases, he finds by comparison with previous years, that he is not detained more than one-half as long as heretofore.

Chloral Hydrate in Malarial Congestion.—JNO. R. TAYLOR, of Kosse, Texas, states that this agent with bromide of potassium has a magical effect in relieving malarial congestion. He thinks the chloral has some specific effect on malarial poison.—*Am. Journal Med. Sciences*, Oct., 1874.

THE CHEAPER CINCHONA ALKALOIDS.

BY JAS. S. WHITMIRE, M. D., METAMORA, ILL.

For several years we have been convinced that it would be to the material interest of the medical profession, everywhere, to pay

more attention than has heretofore been done to the use of the cheaper cinchona alkaloids, and this should be the case, more especially with that portion of the profession who reside in the rural districts and country villages, where they are compelled, almost from necessity, to furnish their own medicines. There are several reasons why this should be done, amongst which is the well known fact, that the forests of the different valuable species of the cinchona tree are becoming greatly decimated; and though there is still an abundance of the bark for the world's supply, yet the time is not far distant when the States of South America, where the tree is indigenous, will institute measures for its preservation, and this will necessarily shorten the supply of the bark. We understand that such measures have already been instituted in Chili and Bolivia. It is true that the Dutch in Java, and the English in the East and West Indies, have been successful in acclimatizing some of the most valuable species of the cinchona tree, and have already begun to make the bark from their plantations a commodity of commerce; yet, with the wholesale destruction of the tree in its native mountain wilds, for the procurement of the bark for the purposes of commerce, it must, sooner or later, be decimated to the minimum amount, so that the supply will necessarily cease to be equal to the demand. This may not prove to be the ultimate result in our day, but we—the profession—who claim to be humanitarians, should look with a jealous eye, not only to our own pecuniary interests and physical well-being, but the welfare of those who are to come after us and fill our places for a brief period should be kept constantly in view. Another reason why we should pay more attention to the use of these cheaper alkaloids, is that either or all of them are relatively cheaper than quinia, even though two of them have to be used in larger doses than the latter drug to accomplish the same results; besides, so far as our experience has been connected with their uses, we have not the least question of their utility as a substitute for quinine under nearly all circumstances where the use of the latter drug is indicated.

With the above prefatory remarks, we now desire to state that we have used all of them, excepting cinchonidine, in our practice for several years. We first used sulph. of cinchonina, next sulph. quinidia, and third, the sulph. of cinchonidia; and even the residue—chinoidine—which is evaporated to dryness from the mother waters after the crystalizable salts have been separated, has been

utilized in our practice, as a prophylactic against the recurrence of intermittents. We seldom make use of the sulph. cinchonia—which we have used for the longest period—as an antiperiodic, or antipyretic, because of its tendency to nauseate the stomach, but, nevertheless, we are convinced that it possesses valuable febrifugal and antiperiodic properties, and may be advantageously utilized for such purposes in the absence of either of the other preparations of the bark. Notwithstanding its nauseating qualities, we usually make it available as a general tonic in connection with the mur. tinct. of iron, especially at times when a chalybeate is indicated—a condition which is seldom absent after an attack of intermittent or autumnal fever; and we find it to be, to the full as efficient in this respect as quinia, or any of the bitter tonics; besides, it has the advantage of acting as a prophylactic against the recurrence of a chill. Our usual prescription, under the circumstances just mentioned, is this:—℞. Cinchon. Sulph. ʒ j-ij; Ferri. Mur. Tinct. ʒ j; Syrup Simp. ʒ iiij. S. One teaspoonful, in water, at each meal. This is an admirable tonic, and may be used with advantage in anæmia and other debilitated conditions. The sulph. of cinchonia, in bulk, costs about thirty-five cents per ounce.

The sulph. of quinidia we have used to a greater or less extent in our intermittent and remittent bilious fevers ever since it was first thrown upon the market. This alkaloid, though in fact but little cheaper than quinine, we have found equally efficacious as an antiperiodic and antipyretic as the quinia sulph., though it must be used in a little larger dose than the latter drug. As an evidence of its value in some of the periodical neuroses, such as that commonly known as sun-pain, we have frequently administered it with as prompt relief to our suffering patients as we have ever known to be produced from the use of our sheet-anchor—quinine. As an example, my wife for many years has been subject to this distressing intermittent or periodical neuralgia; she was greatly opposed to taking quinine on account of the tinnitus aurium and other distressing symptoms that it produced. Now, under these circumstances, while twenty-five to thirty grains of quinine may have been sufficient to interrupt the paroxysms of pain, I administered to her forty grains of the quin. sulph. in the course of twelve hours, which completely warded off the attack and did not subject her to the disagreeable after effects, to that extent that the use of quinia is wont to do. This drug (quinidia) costs in the market about \$1.63 per ounce, but the dose required being nearly or quite

one-fourth larger to produce the same febrifugal effect as that of quinia, it makes the expense but very little less than the latter drug. But if its febrifugal and other qualities be equivalent to that of quinine in proportional doses, why not use it more extensively, especially in our milder malarial fevers, so that the demand for quinia will not be so great, thus cheapening the article of quinine, and, at the same time, preventing the wholesale destruction of the bark that has been going on for years for the production of a sufficiency of quinine to supply the world's demand?

The last of the alkaloids—sulph. of cinchonidia—though *not the least* comes up for our consideration. This article has not been so long upon the market as the latter alkaloid, in fact, it has not till within a few months been brought more than casually to the notice of the profession, but because its introduction has been of but recent date, there is no reason why those who have seen fit to test its medicinal virtues and give it a fair and impartial trial should be treated so cavalierly when they attempt to call the attention of the profession to its value as a remedial agent. It is our object in this paper to call the attention, especially, of country practitioners to the unqualified value and merits of this drug as a tonic, febrifuge, and antiperiodic. So far as our experience has gone with the use of this alkaloid—cinchonidia sulph.—we are disposed to attribute to it, very nearly, if not quite, an equivalent therapeutic value with that of the sulphate of quinine. We have used it in the same doses—ten to twenty-five grains—with complete success in interrupting the paroxysm of intermittents; we have administered it, in connection with morphia, to dispel the malarial complications that sometimes occur in pneumonia with satisfactory results; and, in acute rheumatism, we have substituted it for quinia, whenever the latter drug seemed to be indicated, with unequivocal benefit. We have had this spring (1875) in this vicinity more than a usual amount of malarial or periodical diarrhoea and neuralgia, both among children and adults, for the relief of which we have been in the habit of prescribing the sulph. cinchonidia, with other appropriate remedies. In these cases the same amount was given as that of sulph. quinia under similar circumstances—we seldom or never had to repeat the dose—and its administration was attended with the most complete and satisfactory results.

This article—cinchonidia sulph.—can be obtained by the quantity

for from seventy-five to eighty cents per ounce, and, therefore, we would respectfully ask the question: If the value of this agent as a tonic and febrifuge is equivalent, or nearly so, to that of quin. sulph., and its commercial value is only one-third of the latter, is it of no concern to the country practitioner, who has to furnish, at great expense, annually, his own drugs, not only to the wealthy, but to the indigent from whom he never expects to receive one farthing for his services, and for whom he labors solely for the sake of suffering humanity, for the answer of a good conscience, and the gratitude of his beneficiaries?

We would not use these cheaper remedies merely from mercenary motives—no one could conscientiously do so, but we would, and do, prescribe and use them because we believe them, in equivalent doses, to be of the same therapeutic value as that of quinia, and that they may be safely used as a substitute for it; and, in so doing we are treating our patients well, and, in not a few instances we are not only contributing our medicine and our services to the poor, but we are rendering good service to the general health and comfort of our patients, and saving to ourselves the difference in the cost of the drug used, which would amount to no mean sum in the course of the year, and which the country physician so much needs, because, at best, his life is a hard one, and few there are, indeed, who make any more than enough, from year to year, for the economical support of themselves and families.

Chinoidine, the residual product of the mother waters, we have used for more than twenty years as a prophylactic against the recurrence of intermittents. The most eligible form in which we have been able to prepare it for use, is to finely powder the resin and then add a sufficient quantity of calcined magnesia to prevent the powdered resin from running together, then thoroughly rub them in a mortar and afterwards bottle. Of this powder we give from three to four grains after each meal, for one day; on the next, we administer ten drops of Fowler's solution, in water, after each meal; and so continue alternating the medicines for four or five weeks, when every vestige of malarial influence will be found to have vanished. Of course, we always first interrupt the paroxysms by the use of one or the other of the salts of the cinchona alkaloids.

In case these directions are strictly carried out, there will not be three per cent. of relapses, while there are more than thirty per cent. where the prophylaxis is not used. Chinoidine, used in this manner, is by no means a disagreeable medicine, because it is but

slightly soluble in either saliva or water, hence it may be given to children in syrup with but little or no complaint.—*Chicago Med. Journal*, August, 1875.

POLYPUS OF THE UTERUS, TREATED BY THE INTERNAL ADMINISTRATION OF ERGOT.

BY DANIEL F. COLLINS, M. D., NEW YORK.

Mrs. E. S., a short, thin woman of sallow complexion, and the mother of four children, sent for me to attend her, as she said, for a "womb trouble." On calling, I found her exhausted from uterine hemorrhage and in a very dangerous condition.

In answer to my questions, she stated that she was sick and in delicate health for the past six months, and had suffered a great deal from "flooding," and that these attacks generally came on every eight or ten days. But for the last two months she lost more or less blood all the time.

Having checked the hemorrhage I left, promising to call the following day.

On calling next morning I found her free from any symptom of flooding, but in a very weak condition. On introducing my finger through the os uteri, I found at the upper posterior portion of the organ a round substance or tumor about the size of a small orange; passing my finger around it I found it was impossible to pass even the point of my finger between the base of the tumor and the side of the womb, and that the tumor seemed to be closely attached to the wall of the uterus. The patient being very weak and nervous from loss of blood, I deferred further examination until next morning, which further examination satisfied my mind that it was impossible to remove the tumor *in its present* condition and relation to the uterine wall without a considerable and dangerous loss of blood, which, considering the weak and exhausted condition of my patient, I did not feel justified in risking.

After a consideration of the case, I decided on giving moderate doses of ergot in combination with a little opium, in order to bring on such contractions of the uterus as would separate the polypus or tumor from the uterine wall, sufficient for me to either strangle the tumor or remove by excision.

On paying my visit next morning, the patient complained of "bearing down pains," and said that she suffered as much as if she were in the beginning of labor.

On making an examination I at first found considerable difficulty in introducing my finger through the os, owing in the first place to the state of contraction the uterus was in, and secondly to the tumor pressing down from the fundus of the womb, and as if blocking up the passage.

On succeeding in introducing my finger, I found that the body of the tumor or polypus had entirely separated from the wall of the uterus, and was but now held by a small pedicle about three-quarters of an inch in length, by a little less than half an inch in diameter.

After a careful examination I could find no trace of pulsation in the pedicle, but found it soft, and to the touch not unlike that of the umbilical cord.

Taking a gentle but firm hold of the polypus, I turned it round and round several times and then withdrew my hand.

After cautioning my patient against any unnecessary exertion, and telling her to send for me if there was any change in her condition, I left.

On the following morning I found on examination that the pedicle had softened a good deal owing to the twisting the previous day, and discovering no trace of pulsation in it I at once passed up a curved blunt-pointed scissors, and with one clip severed the connection between the polypus and the wall of the uterus. I immediately gave the patient a dose of ergot which brought on firm contractions in a short time. The polypus was expelled, the patient not having lost a teaspoonful of blood.

The polypus was of fibroid character and measured two and one half inches long by two and one quarter inches in diameter, and was hollow, containing a lot of grumous blood.

The patient rapidly recovered and is now strong and healthy, has had no hemorrhage since the removal of the polypus, and is quite free from "womb trouble."

Having examined several of the latest works on uterine diseases, I cannot find in any of them any allusion to the exhibition of ergot in cases similar to the above. That is, giving ergot as a means for separating, as far as its attachments will allow, the body of a tumor or polypus from the wall of the womb before removal.

Churchill, in his treatise on the diseases of woman, says in speaking of the treatment of "polypus of the uterus:" "In order to hasten the expulsion of the polypus through the os uteri, it will be advisable to give ergot; and more especially as, even if there be

no polypus, its effects in restraining the hemorrhage will be beneficial. If the polypus appear and disappear we may employ ergot, and at its reappearance fix it with Museux forceps and draw it down and tie it." In the above quotation, ergot is advised to be used simply to hasten the expulsion of the tumor, the forceps being recommended as a means of drawing the tumor down.

McClintoch, in his work on the diseases of women, makes no mention of ergot as a means of lengthening the neck of a polypus before removal, or for separating the tumor as far as possible from the uterine wall.

Another question that presents itself in considering the above case is: In many of the cases that are treated as fibroid tumors of the uterus, in which the physician finds the tumor firmly and closely attached to the wall of the uterus, and almost imbedded in it; would not the careful use of ergot in many of these cases, change our diagnosis from that of fibroid tumor to simple polypus, and consequently alter our treatment in many cases, from giving temporary relief and using palliative measures, to a permanent cure by the removal of the morbid growth?

That the judicious use of ergot itself, or in combination with opium, will, in a large number of cases, materially help and simplify the operation of removal, I have little doubt. It will do so by producing sufficient artificial contraction of the uterus to enable that organ to separate, as far as its attachments will permit, the morbid growth from its walls. In doing so, the danger of including a portion of the wall of the uterus is removed, or at least greatly lessened, and in many cases a dangerous hemorrhage avoided.—*The Southern Med. Record*, May, 1875.

VERATRUM VIRIDE—ITS USES AND ABUSES.

BY E. G. FOWLER, M. D.

And what shall we say about it? For most certainly it would seem that enough had already been said about the uses, if not the abuses, of a medicine so long and so constantly before the medical profession. I say, constantly, because I believe that many other gentlemen of the medical fraternity have found the Hellebore in some form to be a very necessary if not an indispensable accession to their most valued remedies. I frankly confess I should hardly know how to get along without it, and yet it is a very dangerous medicine when improperly used.

First, then, I will notice some of its uses, not promising to attempt to edify or enlighten my medical brethren in that direction, even if I should happen to in some other respects.

As an arterial sedative it has no superior, even if it has an equal, and its use for that purpose alone should make every practitioner feel the necessity of having it always on hand.

As an alterative, few, if any, medicines have more merit, and it alone will succeed in frequent cases where all other medicines of that class fail.

As an expectorant it is fully equal, if not superior, to any other known agent.

As a diaphoretic it is equal, if not superior to lobelia, without one half of its depression and painful effects. It will increase the appetite of the dyspeptic and consumptive when nothing else will. I could say much more of the properties of this one medicine, with a larger space accorded me. Its known abuses, however, are the only motive to the writing of this article, for I have not thought of saying anything of its uses that every Eclectic M. D. of five years' practice does not know. First, it is abused when it is given in connection with any other general tonic, more particularly the bitter tonics, such as wormwood, boneset, cherry, snakeshead, poplar, cinchona bark, quinine, and the like. It is generally conceded, if not absolutely known, to be a deadly poison of itself, and when given with other medicines it becomes four-fold so, and I have no doubt that many have actually died from the maladministration of *veratrum viride* in connection with other medicines, who would have lived and got well under other treatment. I have never read anything upon this part of my subject, and consequently my opinion is based upon my own observation. I will give here a few cases as I recollect them.

CASE 1st. Mr. C., aged 17 years, of robust habit, taken sick, called an old school physician who diagnosed typhoid fever. After treating the case one week he was no better, and the friends getting uneasy, I was called; found the patient not very sick but very weak. Examined the medicine and found fl. ext. *veratrum viride* in a bottle, sulphate quinine in powders, with directions to take alternately powders and drops once in 2 hours. The old physician being very angry because I had been sent for, I retired without prescribing in the case, but I learned the patient died the next day. Query. Was it typhoid fever at all? and if it was, what made the patient die so soon?

CASE 2d. A young man about 22, taken with colic; an old school physician called; gave *veratrum viride* for an emetic, which produced great prostration; then gave quinine and brandy as a tonic. I was sent for, but it being some 20 miles, I arrived too late to see the patient alive.

CASE 3d. A female 27 years old; a well marked case of typhoid fever in a mild form. I learned by the friends that the treatment was first a smart dose of physic, then boneset tea, with hops and warm bread applied to the bowels, and some "simple medicines that the doctor left," which, upon examination, appeared to be quinine and brandy in one bottle, and Norwood's Tincture *Veratrum Viride* in another. The patient died on the seventeenth day without any known complication, and no complaint except dreadful weakness.

CASE 4th. Mr. D., aged 56; chronic diarrhœa. Several physicians attended the case at different times and prescribed very many different remedies, with little or no benefit except for a few days at a time. The patient finally became quite vexed with his malady and perfectly disgusted with the medical faculty, when a plan of treatment was agreed upon. Powdered hellebore and opium equal parts, but I do not remember the quantity, taken at a dose or during the day, but it was taken in considerable quantities (as one antidotes the other), and seemed to cure the malady, but very much impaired the appetite, which had generally been quite good. The patient on his own account procured and prepared some bitters made from the bark of the *prunus virginiana*, *chelone glabra* (herb), and what he called archangel, which I suppose to be a specie of *eupatorium*. The patient took the bitters freely in connection with the hellebore and opium, and quite unexpectedly to his friends, sank and died. I think this case not quite so clear as the three preceeding ones, from the fact that patients frequently die suddenly with chronic diarrhea, or after it is checked; and it may be fairly doubted whether any or all the medicine had anything to do with his death. These are but a few cases where *veratrum viride*, in my opinion, has done much mischief, if not actually produced the death of the patient.

I will say, as a rule, never give *veratrum viride* with any other medicine. It is medicine enough of itself, and needs no assistant for any purpose for which it is likely to be given. This, I mean to say, is the rule to which, of course, there are honorable exceptions. But you cannot be too careful about those exceptions.

I wish to impress upon the minds of young practitioners the danger of giving veratrum viride in connection with the bitter tonics. In conclusion, let me repeat, don't give veratrum viride in connection with, or alternative with quinine or any of the bitter tonics.—*New Jersey Eclectic Medical and Surgical Journal*, August, 1875.

THE TREATMENT OF ERYSIPELAS.

Dr. F. L. Satterlee, in an article in the "New York Medical Journal," says:

Having reviewed rapidly the various methods resorted to in the treatment of erysipelas, including those at present in high favor, we are ready to give our own method, which was mentioned at the beginning of this paper, and to which I have given the name of the quinine-and-opium treatment; and I hope to be able to show you its advantages both as to its simplicity, safety, and rapidity of action. It consists in the administration of one, two, or three full doses of sulphate of quinine, combined with enough tincture or elixir of opium to moderate the disagreeable effects of the quinine upon the head, and to assist sleep. If called at the beginning of an attack of erysipelas, I administer to an adult, twenty-five to thirty grains of the sulphate of quinine, dissolved in one and a half ounce of water, which is readily accomplished by the addition of a little dilute sulphuric acid; a few drops will completely dissolve the powder and a clear solution will be formed; to this add fifteen minims of McMunn's elixir of opium, and we have a draught which, although very bitter to the taste, is not so disagreeable to take as a small powder of quinine; in fact, I have, on one occasion, administered sixty grains of quinine, dissolved in three ounces of water, in one dose, to a patient with a very obstinate and long-standing intermittent fever, and the remark he made to me some time afterwards was that he "was so glad that I had given him that draught instead of quinine, as he had taken a great many quinine powders for over two years, and they were very unpleasant to take, without doing him much good." Having ordered a draught, as just stated, containing twenty-five or thirty grains of the sulphate of quinine, I direct the erysipelas patient to take it all at once on retiring for the night. It will usually be retained by the stomach without difficulty; if, however, the stomach is irritable, I prescribe a mustard plaster about the size of the hand, to

be applied, ten or fifteen minutes before taking the dose, under the left breast; this procedure I have found unfailing in quieting the stomach so that the draught is retained. In one case, where the fauces were greatly inflamed and deglutition very painful, I had an equally good effect by administering the dose by the rectum. After this draught, the patient usually has a good night, sleeping well and perspiring freely; and on examination at the end of twenty-four hours, we find the temperature and pulse have fallen greatly, the general symptoms have either disappeared or been very much improved. In some cases, we have some deafness and noise in the head from the quinine, but in the majority of instances the opium seems to entirely remove this after-effect of the drug. The eruption markedly diminishes, and I have seen many cases where a single draught has completely aborted the disease. In all cases I direct the patient to observe simple hygienic rules, use a stimulating diet, with free draughts of lemonade where there is biliousness, a simple cathartic in cases of constipation, and no external applications whatever.

This is my treatment in the incipency of a mild attack of erysipelas. But in any or all of the varieties and severer forms of disease, or where I do not see the case until it has advanced several days, I commence treatment in the same manner, but, at the end of twenty-four hours, or on the second evening of my attendance, I administer a second quinine draught, and if necessary, a third at the end of forty-eight hours. In my experience this has been entirely successful in the most severe types of the disease, the eruption and general symptoms passing away with rapidity. The patient makes an excellent recovery under this mode of treatment, the appetite comes speedily, and there is very little debility experienced. Twenty-four, or at most forty-eight, hours is all that is required to abort the disease by this treatment. Having used it for three years in a large number of cases, I have never found any disagreeable after-effects; on the contrary, the general health of the patient is improved, and this is the experience of all those, whom I have known, who have employed this plan.—*American Medical Weekly*, July 31, 1875.

THE COMPARATIVE EFFECTS OF ETHER AND CHLOROFORM.

From a recent number of the *British Medical Journal* we learn that Professor Schiff made a verbal communication to the

Medico-Physical Society of Florence, on March 1st, in which he related the results of upwards of five thousand experiments on the difference between anæsthesia produced by chloroform and that produced by ether. With both ether and chloroform, paralysis of conscious sensation; paralysis of the movement of voluntary muscles; paralysis of respiration, circulation, and, finally, paralysis of the heart and the vasomotor nerves occur. Respiratory paralysis is produced by ether when circulation and blood-pressure remain within the limits compatible with life. Sometimes the vascular pressure increases, sometimes it decreases, but it is always sufficiently high to allow the exchange of the carbonic acid gas with the oxygen of the atmosphere. Vascular succeeds respiratory paralysis when ether is administered. The reverse takes place with chloroform. Frequently an amount of this anæsthetic agent which would not be sufficient to produce respiratory, may suffice to bring on vascular paralysis. Under these conditions, and when vascular paralysis lasts under thirty seconds, artificial respiration is useless, because there is no longer any exchange of gases, the blood-pressure being diminished. The cessation of respiration, therefore, is not the most dangerous moment to animal life, when etherization is employed, whilst it may be so with chloroformization, because sometimes it is possible to produce some automatic respiratory movements, but, nevertheless, respiration ceases immediately, and the animal dies. With etherization, on the contrary, when some automatic inspirations are obtained, it may be taken as certain that respiration will continue, and that the animal will live. Professor Schiff affirms that, in the present state of science, there are no means which will show us how to recognize, so as to prevent them, the tendencies which may cause death in some animals, after the first inhalation of chloroform, before having produced true anæsthesia. The reverse occurs with ether; so that it may be said that in the present state of knowledge the surgeon is responsible for the death of the individual by etherization; whilst he is not responsible when death occurs during chloroformization. Professor Schiff, therefore, deduces from these facts the following conclusions: 1. The phenomena relating to the paralysis of sensibility and movement are common to both ether and chloroform. 2. The two other orders of phenomena, that is to say, those relating to vascular and respiratory paralysis, often show themselves in inverse order with reference to these two agents. 3. With chloroform, however, either the one or the other

of these two paralysis may first show itself, involving great danger to the animal if the vascular phenomena be the first to make their appearance. Therefore, the use of chloroform should be rejected, and ether only be used.—*Med. and Surg. Reporter*, Aug. 7, '75.

THE HYPODERMIC USE OF APO MORPHIA AS AN EMETIC IN CHILDREN.

BY WM. F. DUNCAN, M. D., NURSERY HOSPITAL, RANDALL'S
ISLAND, N. Y.

A great deal has been written about the hydrochlorate of apomorphia, since its discovery in 1868, in foreign journals of medicine; but until very recently it has attracted little notice in this country, where its use at the present time is restricted to only a few members of the profession. I obtained a specimen of this drug several months ago, and have ever since been using it whenever occasion has demanded an emetic, and now believe that, in this capacity, its value cannot be too highly estimated. It acts more rapidly and certainly, and efficiently as the best of the older emetics, considering them to be turpeth mineral, tartar emetic, and ipecac.

The qualities which recommend it particularly are:

1. The rapidity of its action; 2, the absence of danger from an over-dose; 3, the lightness of its secondary effects; 4, the shortness of the period of nausea; 5, the easy manner of its introduction.

The average time at which emesis has occurred, after its introduction under the skin, is 2.9 minutes, which is very much less than the shortest time noticed when using the yellow sulphate of mercury.

The longest time for emesis to appear was 4.15 minutes in a case of alcoholism, while the shortest was 1.75 minutes in a case of capillary bronchitis.

That this feature is one to be appreciated there is no gainsaying by any who has ever witnessed the relief produced by vomiting, in children with croup or capillary bronchitis. While in cases of poisoning, from the introduction of any of the corrosive poisons into the stomach, this gain of several minutes would be incalculably valuable.

In speaking of the absence of danger from an over-dose of apomorphia, reference is made to the use of the English prepara-

tion of the drug which is entirely pure; and not to the German, which, according to reputation, contains an impurity of morphia.

But having given gr. 1-13th to a child of six years, without detecting any symptoms of the effect of opium, I feel free to express the belief that danger from this source is not to be apprehended.

Again, since any pronounced action is limited to the production of vomiting, as no symptoms of gastro-duodenitis, nor disturbance of the cerebral functions, nor any of those of the depression frequently witnessed after the exhibition of other powerful emetics, are noticed, one feels safe in its administration. The entire visible effect of the drug disappears after the lapse of an hour or an hour and a half, and the child's system does not seem to have been disturbed by it.

That there are other effects than emesis is recognized, such as a tendency to sleep, a slight weakness of the legs, yawning, etc., but they are very slight and soon disappear after vomiting ceases.

In the introduction of apomorphia the shortening of the period of nausea and retching is a great boon to children, who are spared several minutes of agony; for in three cases out of five, no change in the child's face, indicating nausea, can be seen until with one great effort the entire contents of the stomach are ejected.

The hypodermic method of using this drug makes it applicable to many cases in which an emetic could not otherwise be exhibited, for children at times absolutely refuse to swallow any medicine, and can be compelled to take it only after a long, exhausting struggle, which usually results in the loss of much of their strength.

Again, its superiority in this respect would be very marked in cases of poisoning, where the substance in the stomach might cause a chemical change of the drug introduced into that organ.

The dose of apomorphia, hypodermically used, for an adult, ranges from gr. 1-10th-1-20th, but in children it is quite large in proportion.

For a child of	18 months	gr. 1-50.
"	"	2 yearsgr. 1-40.
"	"	3 "gr. 1-35.
"	"	3½ "gr. 1-35.
"	"	5 "gr. 1-30.
"	"	8 "gr. 1-25.

Glycerine seems to preserve the strength of the drug, and

alcohol will dissolve it more readily than water, so that I recommend it to be prepared after the following formula:

℞	Apomorphiæ.....	gr. vii.
	Spts. rectificat.....	m. xx.
	Glycerin.....	m. x.
	Aquæ.....	m. l.

M.

In a child of two years, 1-25th of a grain may be used.—*Med. Record*, August, 1875.

Monthly Summary.

OF

Therapeutics and Materia Medica.

External Use of Turpentine in the Treatment of Tonsillitis.

In the *Leavenworth Medical Herald* Dr. S. H. Roberts strongly recommends the use of turpentine externally in tonsillitis. He folds the flannel to four thicknesses, wrings it out in hot water, and pours oil turpentine over a spot the size of a silver dollar. The flannel is then applied over the sub-parotid region, and the fomentation continued as long as it can be borne. After removal a dry flannel is applied, and the same region rubbed with turpentine every two hours. This application is continued daily till resolution occurs. The doctor believes, from the evidence of his long experience, that thus applied early in the disease, the oil of turpentine has almost a specific effect in tonsillitis. That its action is not simply that of an irritant, he has proved by employing mustard, croton oil, tr. iodine, etc., in the same class of cases. They always failed to diminish the inflammation of tonsils, while the turpentine succeeded.—*Southern Med. Record*, May, 1875.

Conorrhœa.

For the acute stage, rest, and injections of lukewarm water, and following recipe, constituted the treatment:—

℞	Potassii bromidi.....	3 iss.
	Glycerin.....	fl. 3 ijas.
	Aquæ.....	fl. 3 iv.

Ft. sol.

Sig.—Use as an injection twice daily.

After the acute symptoms had subsided somewhat, other injections were used, such as dilute solutions of sulphate of copper

and zinc, containing two grains to the ounce. Some of the staff at this stage used an emulsion of balsam of copabia internally. If there was danger of epididymitis or persistent inflammation, the patient's diet was restricted for some time, and saline purges given. Often the acute symptoms merged into a chronic form, with a persistent gleety discharge. When this was the case, the strength of the zinc and copper solutions was increased, or the injection changed for one consisting of acetate of lead and zinc, each six grains to eight ounces of water.

If epididymitis resulted, the patient was put at rest on his back, the testicles supported on a cushion, and cooling lotions applied, if there were acute inflammatory symptoms. Should the epididymus become chronically indurated and indisposed to soften, then mercury was applied locally, either in the form of the simple ointment, or of that combined with belladonna ointment, in the proportion of eight of the former to two of the latter. In place of the mercurial preparation, an ointment containing iodine was sometimes used. The following formula was one of the most common:

R Unguent iodinii..... 3 ij.
 Extract belladonnæ..... gr. xx.
 Adipis..... 3 ij. M.

Ft. unguentum.

Sig.—Apply externally twice per day.—*Medical and Surgical Reporter*, July, 1875.

Burns and Scalds.

In the greater portion of these cases, equal parts of linseed oil and lime-water, mixed, was used as a local dressing. In some few, glycerine, or mucilage of slippery elm were used. Recently a mixture of glycerine, hyposulphite of soda, and chloroform has been used several times with rather pleasing results. The constitutional treatment consisted in sustaining the patient's system against collapse by alcoholic stimulants, alleviating pain by anodynes, and if any debility followed in the latter stages, tonics and a nutritious diet.—*Med. and Surg. Reporter*, July, 1875.

Graves' Mixture in the Delirium of Typhoid Pneumonia and Typhoid Fever.

John H. Baldwin, M. D., *Virginia Med. Monthly*, says:—I beg leave through your valuable journal to call attention to the value of a remedy for the violent and persistent delirium often incident

to typhoid fever and typhoid pneumonia, first proposed by Dr. Graves, of Dublin. (*Clinical Lectures*, page 116, edited by Robley Dunglison, M. D., Philadelphia, 1838.) The remedy is a mixture of tartar emetic and tincture of opium, according to the following formula:

R Tart. emet.....grs. iv.
 Tinct. opii..... 3 i.
 Mist. camph..... 3 viij.

M. S.: Dose one tablespoonful every two hours.

On the 20th of last February, I was called to see a case of typhoid pneumonia in a middle aged man of active and athletic constitution, who had been in a state of delirium for twenty-four hours. The usual method of treating such cases was adopted; but the delirium increased to such a degree that it required the strength of four men to hold him in bed; and in his maniacal fury he struggled to get hold of his gun and axe, with which he threatened to slay all around him. His countenance and gestures rivaled the wildest representations of an American Booth, an English Kean, or an Italian Fuseli upon the theatrical stage. Under these circumstances, I determined to try the effects of Graves' mixture, extemporaneously prepared with water—the camphor mixture not being at hand. Whilst being held by his attendants, by gentle persuasion I succeeded in inducing him to take a spoonful of the mixture every *half* hour instead of every *two* hours. After the *fifth* dose he became nauseated, vomited, and sank down under the grasp of his attendants into a complete state of syncope, which terminated in a profound sleep for 12 hours, from which he awoke perfectly calm and natural, and rapidly proceeded to perfect recovery.

Many years ago, I witnessed a similar effect of Graves' mixture in a case of violent delirium in typhoid fever.

Damiana—the New Aphrodisiac.

By Chas. M'Questin, M. D. I observed in the JOURNAL of June last a notice of a new remedy, described by Dr. J. J. Caldwell, of Baltimore, Md., in the *Virginia Medical Monthly*. This remedy, Damiana, I have used extensively in Mexico, where the Mexicans employ it as a domestic medicine. I can bear testimony to the efficacy of this plant in cases of sexual debility, or lethargy of the sexual organs. In these cases, the results are all that could be desired. The leaves only of the plant are used. An infusion is made of one ounce of the dried leaves to a pint of water, and this

amount is given daily. In a few days the effects are manifest. The infusion has an agreeable aromatic and slightly bitter taste. I am not prepared to state if its properties are those of an aromatic or stimulating tonic, but as to its aphrodisiac properties there can be no question.

There are but few bodily ailments that impose such discomfort upon the individual of either sex, as the inability to exercise the reproductive functions, and to beget and give birth to offspring. It is truly painful to witness the degree of misery, which in many instances the subjects of such defects are, by some unerring law of nature, destined to endure. Young men of robust and, apparently healthy physique, often apply to physicians for some means of restoring the lost sexual desire. Standard authors recommend in these cases phosphorus, ergot of rye, cantharides, strychnia, etc.; but physicians well know that these remedies do not always give satisfaction. Damiana appears to be the desirable remedy in such cases.

If my professional brethren desire to test the efficacy of this plant, I should be pleased to give them a suitable quantity, as I have a package at present in my office.

In conclusion, I can fully endorse the statement of Dr. Caldwell as to the aphrodisiac powers of Damiana.—*Pacific Med. and Surg. Jour.* July, 1875.

Tincture of Iron in Nasal Catarrh.

Some time has elapsed since it was announced that acute coryza (cold in the head) could be cut short in the majority of cases by large doses of tincture of iron. Dr. Lizer of Brooklyn (*N. Y. Med. Record*), furnishes a summary of the results in his experience, as follows:

"Number of cases recorded, 28. Age of youngest, 3 months; of oldest, 68 years.

"Results—Cured in 24 hours.....	10
" 36 " 	12
" 48 " 	3
Much relieved but not cured.....	1
Symptoms alleviated but not cured.....	2

—
28

"In those not cured the catarrhal inflammation was modified somewhat, but the disease ran its usual course. There was no personal idiosyncrasy, as far as known, to interfere with the

curative results in these last cases, and the cause of failure is unknown.

"The dose varied from 3 to 35 minims, with an equal amount of syrup or glycerin. The 30-minim dose has been given to an infant, with wonderfully quick effect, done tentatively, however, and not as a usual thing.

"There would seem to be no doubt, as far as my observation goes, of the generally excellent effect of the tincture in these cases."

The tincture should be largely diluted with water, and taken through a glass tube or straw so as to protect the teeth. Its effect is more pleasant if the stomach is not entirely empty.

The tendency of the iron to constipate may be very much lessened or entirely prevented by the addition of three or four drops of the tincture of belladonna to each dose—*Pacific Medical and Surgical Journal*, July, 1875.

Treatment of Gonorrhœa.

Dr. Haberkorn, in the *Berl. Klin. Wochenschrift*, writes that injections of permanganate of potassa, carbolic acid, sulphate of zinc, and other remedies have all proven more or less insufficient in the treatment of gonorrhœa. After repeated experiments he has found the sulphate of quinine to be a far superior remedy, being prompt in its action and nearly painless. He directs a teaspoonful of the following mixture to be injected three times a day, and retained for some time in the urethra:

℞ Quiniæ sulphat.	gr. xv.
Acidi sulph. dil.	gr. j.
Glycerini	fl. oz. vj.
Aquæ.	fl. dr. ij.

After three days a great improvement took place in all his cases.
—*Pacific Med. and Surg. Jour.*, July, 1875.

Calabar Bean In Chorea.

A note in the *Philadelphia Medical Times* refers to an article in a French Journal (*Bull. Gen. de Therap.*) by M. Bouchut, claiming remarkable success in the treatment of chorea, especially in children, with *eserina*, the active principle of Calabar bean. He records the results of 437 "observations," but the number of patients is not stated. It arrests the movements while its effects last, which is from one to three hours, and moderates them subsequently, so that a cure is effected on an average in ten days. There

are no unpleasant consequences. The effects appear in a few minutes after its administration. The countenance becomes pale and the pulse diminishes in frequency. Uneasiness and gastric pains with nausea follow. It is employed hypodermically or by the stomach, in doses of one-twentieth to one-thirtieth of a grain, repeated every two or three hours.—*Pacific Med. and Surg. Jour.*, July, 1875.

Treatment of Vaginal Discharge.

Dr. Guibout (*Gaz. des Hopitaux*) states that these discharges may be due to an excessive flow of the natural secretions of the parts, such as the vulvo-vaginal liquid, vaginal mucus, etc. Morbid secretions from the vagina are purulent, yellow, or greenish when due to inflammation, while those from the uterus are glutinous. Ordinary leucorrhœa is but an exaggeration of the natural secretion, and is often due to ill health.

Dr. Guibout declares injections useless for these vaginal discharges. He employs the tampon, and generally cures his patients in from eight to ten days. Various astringent solutions—nitrate of silver, sulphate of zinc, perchloride of iron, and alum—are often employed; but these he has found to be so inconvenient for many reasons that he has completely put them aside for a solution of tannin, in which he soaks lint. A tampon thus made is inserted every day, and allowed to remain twenty-four hours. The patient is required to keep in the horizontal position, and to move as little as possible. On the removal of a tampon, detersive injections are made before another is inserted. Dr. Guibout attributes benefit to the plugs from their acting as foreign bodies, modifying the vitality of diseased surfaces and keeping them apart. The astringent aids this.—*Pacific Med. and Surg. Jour.*, July, 1875.

Local Use of Vinegar in Prurigo and Pruritis.

Dr. W. A. Hardaway, St. Louis, states in the *Missouri Clinical* (December, 1874), that Dr. Bowling, of Tennessee, declares that (Watson's *Practice of Physics*, last edition, foot note) the plan of sponging the parts affected by prurigo, night and morning, with the best cider vinegar, and, after the vinegar has dried, smearing the surface with citrine ointment, generally produces a cure within a week. Dr. Hardaway confirms this statement, and remarks that he has found vinegar of special benefit also in pruritus dependent upon general causes, though he does not affirm that it is indicated in the itching of eczema and diseases of that

class. These remarks are followed by reports of three cases:—one of *prurigo senilis* of long standing, relieved entirely of its itching within a few days by the use of vinegar and citrine ointment; one of *pruritus of the scrotum* of several months' duration, entirely relieved within five days by the use of vinegar alone; and one of *pruritus hiemalis*, of Duhring, treated by vinegar—discharged well within a week.

According to Dr. Duhring, *pruritus hiemalis* occurs during autumn or early winter, when it disappears to recur the following season. It is characterized by the sudden supervention of itching, usually of the lower extremities, coming on at night, and sometimes so severe as to prevent sleep; but as a rule it does not return until the next night. It has no primary eruption; but secondary lesions are well marked if the trouble is long-continued or severe. It attacks both sexes and all ages.—*St. Louis Eclectic Medical Journal*, June, 1875.

A Gargle for Sore Throat.

Dr. F. A. Burrall, of N. Y., says that for two years he has had experience in practice in the use of the following gargle, which is especially serviceable when used early in sore throat, when it seems sometimes, to abort the attack.

℞ Bromo Chloralum.....
Glycerine.....aa p. aeq.
Tinc. Cocci Cacti..... qs. M.

Sig. Two teaspoonsful in a goblet of water used as a gargle every half hour.—*St. Louis Eclectic Med. Jour.*, June, 1875.

Warts.

Dr. Guttceit recommends rubbing warts night and morning, with a moistened piece of muriate of ammonia. They soften and dwindle away, leaving no such white mark as follows their dispersion with lunar caustic.—*St. Louis Eclectic Medical Journal*, June, 1875.

For Sycosis.

℞ Acid Tannic..... grs. xv.
Sulphur..... " xij.
Aquæ Rosæ..... gtts. xviii.
Adipis..... ʒ ijss. M.

Sig. Apply a quantity, the size of a pea, to the affected spot every night and morning.—*St. Louis Eclectic Med. Jour.*, June, 1875.

Bronchitis—Acute and Chronic

In acute cases of a mild type the patients were allowed the freedom of the ward, and usually placed upon some mild diaphoretic expectorant, for example,

℞ Spirit ætheris nitrosi.....	fl. 3 iss.
Liq. potassæ citratis.....	fl. 3 j.
Syrup ipecacuanhæ.....	fl. 3 j.

Ft. sol.

Sig.—A teaspoonful, every two hours.

During the second stage, should the cough still remain and become harassing, with profuse expectoration, a more stimulating expectorant was used, consisting of syrup of squill and senega, with a little sulphate of morphia or hydrocyanic acid. If there was debility, the patient was given some mild tonic, with a small quantity of wine, or one of the malt liquors, at meals.

Chronic bronchitis was variously treated by inhalations and agents adapted to the general system, those of the latter class embracing chlorate of potassa, muriate of ammonia, iodide of potassium, and bromide of potassium and ammonium. In some of the cases one or more of the articles were used for a long time, in others variously interchanged, producing sometimes marked improvement, but again, no perceptible benefit. The inhalations consisted of simple watery vapor, or this variously medicated. The following embrace those formulæ more commonly used:

℞ Tinct. conii.....	
Tinct. hyoscyami.....	aa fl. 3 j.
Potassæ chloratis.....	3 j.
Aquæ.....	fl. 3 iv.

Ft. sol.

Sig.—Use as an inhalation, ter die.

℞ Tinct. opii camphoratæ.....	fl. 3 ij.
Acidi gallici.....	gr. xvi.
Aquæ.....	fl. 3 iv.

Ft. sol.

Sig.—Use as an inhalation, ter die.

℞ Liq. potassæ arsenitis.....	gtt. xxxij.
Tr. hyoscyami.....	fl. 3 j.
Aquæ.....	fl. 3 iv.

Ft. sol.

Sig.—Use as an inhalation, ter die.

If the patient became weak and debilitated, tonics and a liberal diet were immediately ordered.—*Medical and Surgical Reporter*, July, 1875.

Cough and Sweating in Phthisis.

Dr. Little, of Dublin, recommends the following combination for the relief of the distressing cough of phthisis, and for diminishing the sweating:

Acetate of Morphia.....	2 grains.
Liquor of Atropia.....	6 minims.
Dilute Hydrocyanic Acid.....	36 minims.
Syrup of Virginia Prune to an ounce and a-half.	

A measured drachm to be taken, unmixed with water, on going to bed, and once again during the night if necessary—*Canada Lancet*, April, 1874.

Editorial.

ELIXIR IODO-BROMIDE OF CALCIUM COMPOUND.

A Case of Partial Ankylosis of the Ankle Joint with Necrosis.

The patient, Mr. V., aged 24, says: Seven years ago he made a prodigious jump for a wager, and on alighting, slipped and sprained the ankle joint; he heard a snapping sound as though some of the tendons had been torn. However, he felt no uneasiness or pain at the time of the injury, but soon thereafter swelling set in and he lost the entire mobility of the joint, which was soon followed by a general marasmus of the extension muscles of the limb.

Some two years ago, three openings formed on the inner aspect of the limb, pouring forth a purulent matter occasionally tinged with blood and pieces of dead bone. He had lost all sense of feeling in the parts so deadened, that an injection of pure Tinct. of Iodine made no impression. I ordered him at once to take a teaspoonful of the Elixir Iodo-Bromide Calcium Comp. four times daily, and injected the Solution undiluted, until a healthy inflammation was established—character of the discharge changed to a healthy secretion—with instructions that the joint and limb should be well rubbed with the same. The discharge ceased; the œdema has subsided, and he is rapidly recovering with a good joint; can soon dispense with his crutches.

A Case of Dry Gangrene Resulting from an Attack of Ecthyma.

The patient, Mrs. B, aged 22—married—had attacks of Epilepsy ever since she was 13 years old; during which time the Epileptic paroxysms would recur as frequent as thrice daily. Almost every anti-epileptic remedy known to the profession was administered, but without any appreciable benefit to the patient. Bromide of Potassium and Elixir Iodo-Bromide Cal. Comp. seemed to be the only agents that would stay the frequency of these attacks.

About two years ago, a pustular eruption with great discoloration of the integument made its appearance on the lower extremity of the right limb, which was treated by the attending physicians as a case of Erysipelatous Erythema. Some two months ago I was called to see the case, and found her greatly emaciated, with a small quick pulse, constipation of the bowels, loss of appetite and suffering from an Intermittent Fever, with a daily exacerbation and remission of febrile phenomena—the paroxysm occurring generally towards eventide. She was at the same time suffering excruciating pain from an ulcer on the right limb, which extended from the ankle to the knee, completely encircling the limb; with elevated and everted edges, and covered with a thick, dry, black incrustation, which adhered so firmly that I was obliged to resort to the knife to remove it, which brought to view a layer of white cheese like deposit, which underlaid the entire crust. She informed me that all sorts of emollient applications had been made to soften the crust, so that it could be removed, but had failed. I ordered the Elixir Iodo-Bronide of Cal. Comp. to be taken internally thrice daily, and at the same time I removed a portion of the eschar and injected the Sol. Iodo-Bromide Cal. Comp, without dilution, and in a short time there was a complete exfoliation of the crust, and ulcer healed rapidly.

Several weeks thereafter, a blow was inflicted on the limb, which induced the reappearance of the original cutaneous disease. It made its appearance beyond the margin of the old cicatrix in a crop of small pustules, with a highly inflamed base and isolated, soon broke and discharged a brown olive matter, which became confluent—covering the surface with a dry black incrustation. I renewed the same course of treatment under which she is rapidly recovering. I regard this as a case of Ecthyma from the beginning, and under a course of bad treatment, it had almost become intractable. The etiology of the disease is unexplainable to me.

A Case in Practice.

I was recently called to attend Mrs. U——, æt. 26 years—just convalescent from confinement. I found her greatly emaciated—no appetite—with a large tumor in the right iliac region, another on the outside of the same thigh, leg flexed near to the abdomen. I opened both tumors which discharged freely, and that on the thigh soon closed. The other continued to discharge pale thin matter. Emaciation continued with hectic fever, until she could not turn in bed, and large bed sores formed. The knee remained flexed on abdomen so that the abscess was almost hidden, and for three months she gradually went down in spite of all tonics, stimulants and nourishment that could be given. Having read of the results produced in similar cases by the Elixir Iodo-Bromide of Calcium Comp., I determined to give it a trial. The first effect was within three days, to increase the discharge of pus—but thicker and of more healthy character. Then it decreased—her appetite improved rapidly, the bed sores healed, and on the

eighteenth day she arose from bed and dressed herself. In 26 days the abscess healed, the leg was nearly straight, and the patient was able to go about her usual domestic duties. R. M. WETMAN, M. D., Jasper, Ind.

THE PHYSICIAN'S DIARY.

BY B. F. HUMPHREYS, M. D., HAWKINS, TEXAS.

We would respectfully commend to the attention of the profession the very excellent letter of B. F. Humphreys, originally published in *May Journal* of last year, and which we take great pleasure in reproducing here:

"Have you seen that beautiful and elegant little volume, published at the *Office of the Journal of Materia Medica*? If you have, you will admit that it is a real *Souvenir* worth ten times its cost to the physician. If you have not already become the owner of one, you should send one dollar to the publishers for the Diary. Having once seen or used it, you will not be willing to do without this valuable little annual, though it should take your "bottom dollar." You will have it every year.

How it is possible for the publishers to get up such a neat and substantial volume of 312 pages, for such a trifling sum, is a mystery! There are 108 pages of printed matter worth the price of the book, as a reference on various subjects. There are over 200 pages, (blank,) ruled most elegantly, with the appropriate printed headings on each page.

The Visiting List and Record, consisting of 105 pages, contains some new features, in the arrangement, that will prove to be more acceptable than any others that we have seen. The List is designated for 30 patients weekly. Those so fortunate as to have more than this number can interline. The blanks are: 1 Name and Residence. 2 Day of Week and Month. 3 Amount of Bill. 4 Age. 5 Sex. 6 Disease. 7 Remarks. What *more or less* could you want?

Next in order, Obstetric Calendar and Record, Special Memoranda, Monthly Memoranda, Vaccination Record, Record of Deaths, Nurses, List of Things Lent, Cash Record, Miscellaneous Addresses, General Memoranda of Medicines Wanted.

It is neatly ruled and printed on the very best paper, gilt-edges, morocco binding, tuck, pocket, &c. We should think the physician very hard to please, who fails to perceive and acknowledge the entire accuracy of this beautiful little Diary.

How many physicians lose a dozen times the cost of this book, each year, by neglecting to charge for an occasional visit or prescription? How often in posting, do we see a name, and "happen" to think of an uncharged visit or prescription? This little *Souvenir* will prevent any mistake of that kind. And besides all this, it is so convenient, when pushed in practice—hardly getting time to sleep—to let the account books alone until we have time to post; which can readily be done from the Diary at any time.

Whoever uses this Diary once, will ever afterwards consider it a *sine qua non*. We have seen some other styles of Visiting Lists, but nothing so convenient and satisfactory, in every respect, as the *Physician's Diary*, published by Messrs. TILDEN & Co., New Lebanon, N. Y."

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Communications.

DIGEST OF MEDICAL REPORTS.

BY JOSEPH BATES, M. D.

Cases of Chronic Simple Ulcer of the Stomach.—By Dr. McSWINEY, Medical Society, Dublin.

He states that this is a painful, dangerous, and sometimes a fatal disease, chiefly met with in females between 16 and 26 years of age, the features of which, physicians had to be well acquainted with, that they might distinguish it, and treat it successfully. The Dr. read some cases in which he diagnosed the disease, of which, I will instance one only. A young woman, æt. 23, a *French polisher* by occupation, the patient. Four years ago she had distress of stomach after taking food, loss of appetite, and suffered from various dyspeptic symptoms. These were succeeded by epigastric pains, nausea, and thirst; the pain was ensiform in location. To relieve it, she lay with the abdomen and face under. Food made the pain much worse, particularly solid food. After some weeks suffering she was suddenly seized with a violent attack of hæmatemesis. From this she slowly recovered in some weeks, after which she remained well for two years, when there was a recurrence of all the dyspeptic symptoms under which she in the first instance labored, and again she had a large vomiting of blood.

When received into the hospital she was weak and pallid, and the slightest pressure, in the epigastric region immediately below the ensiform cartilage, caused excruciating pain. She loathed food and was wretchedly depressed and nervous. Whatever she swallowed, solid or liquid, caused pain, and was immediately rejected by vomiting. Alcohol in any form made her worse, and everything, even the plainest food, was vomited. She was placed under treatment, and at the end of four or five weeks left the hospital, being at the time apparently quite restored to health. Three other cases, in all important particulars similar to the one related, were reported by Dr. McSWINEY.

The Dr. directs attention to the diagnosis of this malady. He explained that, whilst he recognised the impossibility in some cases, and the difficulty in others, of arriving at a positive diagnosis of gastric ulcer, he claimed at the same time that under certain circumstances that diagnosis could be surely and unhesitatingly made. The grounds for arriving at this diagnosis, he declared, were supplied by certain important symptoms which, when present, could denote no other malady. These symptoms were—pain, vomiting, derangement of the digestion, and hæmorrhage. In addition, he stated that the age, sex, and, in his opinion, the state of the menstrual function afforded valuable aids towards perfecting the diagnosis. After having discussed the etiology of the disease, referring to the labors of the most eminent authors, he recapitulated the items of treatment upon which he had been accustomed to rely. He enjoined rest in bed, and secured the repose of the stomach by allowing only small quantities of nutriment to be taken with long intervals between. Nutrient consisting of milk with soda-water, or lime-water, and clear-strained beef-tea. Opium to allay pain, gallic acid to arrest hæmorrhage or other discharges, and bismuth, in a formula which he recited, to arrest and cure that ulcerative process. He expressed an opinion that bismuth in the form of the liquor bismuth possessed something approaching a specific curative action in gastric ulcer, and he suggested that this might be due to the alkalinity of the solution, which restored, perhaps, the equilibrium in the chemical economy of the gastric processes which had been disturbed by the initiatory pathologic changes which determined the formation of the gastric ulcer. (*Cincinnati Med. News.*) (*Canada Lancet.*)

Arsenic as Antidotal to Acute Alcoholism.—By HENRY M. FISKE, M. D., San Francisco.

In the April No. of the *Pacific Med. and Surg. Jour.*, Dr. FISKE says he finds an article by Dr. MOREY on the antidotal powers of strychnia in cases of alcoholic poisoning, by which he is reminded of a case in which arsenic seemed to possess the same power. Dr. C.—a fellow student of Dr. F., whom he (Dr. F.) has known intimately since the year 1840, became addicted to the excessive use of alcoholic drinks. He (Dr. C.) is represented as having been an able physician, and extensive practice, and was well known to many physicians, whose testimony can be obtained, if needed, to corroborate the statement of Dr. F., which is as follows:—Dr. C., would have an extended spree, varying from one to three weeks. When he wished to sober up at the end, or, if, during the paroxysm, he desired for any purpose to be himself again, he would commence and drink one-half ounce of Fowler's Solution, repeating the dose in one hour, if necessary, and continuing the same dose at the same or shorter intervals till sometimes he had swallowed the enormous quantity of five or six ounces. He would then be apparently as fresh and vigorous as though he had never been intoxicated, from two to five hours being all the time generally necessary to bring him to his normal condition.

Dr. F. states that he has often been sent for to consult with him (Dr. C.) and found him unfit for business when he would retire to a room, call for or take from his saddle-bags his "Fowler," as he called it, and in two or three hours he would be ready for business. (*Pacific Med. and Surg. Jour.*, May, 1875.)

Vegetable Acids.—From the pen of A. JACOBI, M. D.:—"Nursing women are often forbidden to eat acids, or acid fruits, lest the milk should turn sour. Vegetable acids as soon as they are taken up into the blood are converted into alkaline carbonates, long before they could reach the milk glands, therefore, their acidity is destroyed. Instead of being avoided, fruits are extremely desirable as articles of food for the nursing women. (*St. Louis Med. and Surg. Jour.*)

Summer Complaint.—Dr. A. JACOBI states as follows:—"It comes from over-feeding and hot and foul air; never from teething. Keep doors and windows open. Wash your children with cold water, at least twice a day, and oftener in the very hot season. When babies vomit and purge, give nothing to eat or drink for four or six hours, but all the fresh air you can. After that time, you give a few drops of whisky in a tea-spoonful of ice-water,

every ten minutes, but not more until the doctor comes. Where there is vomiting and purging, give no milk, give no laudanum, no paregoric, no soothing syrup, no teas." (*St. Louis Med. and Surg. Jour.*)

In the *Transactions of the Med. Society of the District of Columbia*, Dr. A. F. A. KING reported a remarkable case as illustrating the impunity with which the peritoneum might be opened in certain cases, he referred to the case of a pregnant woman whose abdomen and uterus had been gored by an infuriated bull, the child being born through the opening. The woman made a good recovery. Other instances were on record in which females had cut out their own children through the belly while in labor, and had recovered. (*Transactions* for April, 1875, p. 10.)

In the same *Transactions*, Dr. R. R. REYBURN, in the discussion relative to disease of the heart, stated that he had no doubt that irregular action of the heart existed very often without organic change. This was of special importance in life insurance cases. A case of intermittent pulse, without cardiac disease, had occurred in his own family. He alluded to the effect of tobacco upon the heart; had seen four cases of intermittent action produced by its use. In one case, that of a preacher, the pulse intermitted after every third beat, and the patient acknowledged that tobacco was the cause of it.

Idem.—"Dr. JOSEPH BORROWS thought the relative mortality from heart disease was very small. There might be cardiac disease, but not of sufficient degree to cause death. In fatal cases the trouble would be very prominent. Conceived that one piece of the human machinery might get out of order without a fatal result. We ought not so much to treat this or that organ, but rather the entire system. Did not doubt that the use of tobacco exercised an injurious influence upon the heart."

Milk.—From a paper in the *Sanitarian*, by E. W. GRAY, M. D. I. ALFRED FRANKLIN says:—"Milk, after it has been yielded by the animal may suffer contamination at a later stage." A case is on record where, the milking was performed by persons recovering from scarlatina, and the disease thus conveyed by the milk to children who drank it. Milk rapidly absorbs numerous offensive odors is established beyond a doubt. The daily supply of milk for the city of Boston, during the year 1872, was according to estimate, 24,000 gallons, which for the entire year would amount to 8,763,285 gallons, the cost of which to consumers may be reckoned at

\$2,979,516. It is estimated that the people of Boston paid that year \$476,721 for water fraudulently added to the milk they used.

A recent number of the New York *Herald* estimates that, in the city of New York, 500,000 quarts of milk are used daily and at certain seasons of the year even a larger amount. Milk is sold at eight cents per quart in summer, and ten in winter. The average price nine cents per quart, then the daily cost of the milk for the city is not less than \$45,000, and for the year, \$16,425,000. If the milk of New York is watered as liberally as in Boston, the inhabitants of the empire city pay \$2,190,000 annually to the dealers for diluting and spoiling their milk. How many children, fed upon skimmed or diluted and sophisticated milk are annually sacrificed to appease the cupidity of unscrupulous milk dealers. (*Cincinnati Med. News.*)

Glycerine as a Therapeutic Agent.—By C. H. TIDD, M. D., Middleport, Ohio. From the *Detroit Review of Med. and Pharmacy*, May No., 1875. Dr. TIDD notices this agent under four heads; first, as a solvent; second, in diseases of the skin; third, in diseases of the eye and ear; fourth, as an exosmotic agent.

He mentions that glycerine readily dissolves bromine, iodine, iodide of sulphur, the chlorides of potassium and sodium, the fixed alkalies, and a large number of neutral salts; also the vegetable acids, especially tannic and gallic acids; many of the salts of the vegetable alkalies, as some of the salts of morphia, quinia, veratria, strychnia, and atropia &c. Such combinations he considers elegant solutions for either the external or internal administration of these remedies. A knowledge of this will prove of great service to the physician. Every practitioner, he remarks, will readily recall instances wherein he has been deterred from using salicin and quinine sulphas, simply because the taste was so repugnant that the patient utterly refused to take them. Salicin, he states, dissolves in cold glycerine in the proportion of one part of the former to eight of the latter, by weight. Quinine dissolves in eighteen times its weight of boiling glycerine; santonine in four times its weight of cold glycerine; morphia, in the same proportion as salicin. A solution of salicin, says Dr. T., may be almost entirely deprived of its nauseous taste by dissolving it in glycerine and adding gtts. 2, of ol. cinnamon, using a formula like this:—

R Salicin, ℥ij; Glycerine, f 3 v; Ol. Cinnamon, gtts. ij; mix. Signa, teaspoonful in an equal amount of water, *pro re nata*.

By using it in this way, he thinks, any one will readily take it.

Quinia may be prepared in the same way, by adding twice and one-half the amount of glycerine, and bringing it to the boiling point, also adding more of the ol. cinnamon. Santonine prepared with glycerine will keep indefinitely, as the latter is not susceptible of being injured by fermentation.

Glycerine is the only agent (says Dr. T.) we possess that will preserve vaccine lymph for any considerable time and not allow it to deteriorate. Dr. CONSTANTINE PAUL is quoted in this paper as saying:—(*Lancet*, August 2, 1872) "I consider glycerine far superior to water, alcohol, etc. It is neutral, can be kept easily, and is, of all liquids, the one which approaches the nearest to the composition of subcutaneous cellular tissue. Glycerine is, indeed, almost a normal substance for cellular-adipose tissues." The principal skin diseases in which it has been found useful are pityriasis, porrigo and lichen; it is also considered a useful adjuvant to lotions in the encrusted forms of lupus, and in various syphilitic and strumous eruptions. Dr. T. asserts, that we do not possess a more efficient remedy than simple glycerine in the treatment of poisoning by handling rhus radicans, or r. toxicodendron.

Furuncles.—Our author states, that by an early injection of pure glycerine into the center of the phlegmon, will cause a rapid subsidence of this inflammation in a very short time, especially if we keep the parts well covered with the same agent.

Prof. D. M. SALAZAR, of the "Hospital National," Madrid, is quoted in this interesting paper as stating:—(Extract *Southern Med. Record*, Apr. 1874,)—"That he has cured eight cases of facial erysipelas, in forty-eight hours, by the use of glycerine of borax (prepared by dissolving 3 iv, of borax in 3 x, of glycerine, by aid of heat)" He applied the solution to the diseased parts with a brush, and then covered them with a mask of raw cotton; after twenty-four hours all the symptoms, local and general, were notably diminished.

In preparing collyria, glycerine is greatly to be preferred to water. This agent is said to agree with all the substances used locally in diseases of the eye, except nitrate of silver, which it decomposes.

Deafness.—In cases of deafness from deficiency, accumulation, or hardness of the cerumen, and attended with a morbid state of the meatus, glycerine is one of the best agents we possess, introduced into the canal by means of raw cotton saturated with it.

Food for Children.—Children raised by hand can be kept comparatively free from many of the ills to which they are prone, says Dr. T., by the substitution of from four to six drachms of glycerine, for the amount of sugar usually added to the cream, milk or water constituting their diet.

Dr. T. remarks:—"I confidently assert, without fear of successful contradiction, that glycerine *possesses the power of withdrawing the watery elements from any tissue to which it is continuously applied.*"

Fluor Albus.—FURST and M. EBERHERD each state that he has been *successful* (says Dr. T.) in applying the glycerine plug in cases of fluor albus. Dr. T. has constantly employed this plug for three years in the treatment of this malady, in every instance, and has been highly gratified with the result. He reports several cases thus treated, one of which I will state, in his own words, as fairly illustrating his method of proceeding.

CASE.—"Miss. W. æt. 19, of spare habit, nervo-bilious temperament, with well marked *cachexia*, called at my office, in June, 1872, stating that she had long suffered from an extensive leucorrhœal discharge, which had rapidly reduced her strength, until now she was unable to perform house-hold labors, or to sit up during the entire day; for this difficulty she had been treated by two skilled physicians of this place, but without material benefit. She complained of a constant dragging pain in the lumbar region with a dragging, falling sensation in the pelvis and especially in the region of the womb—a feeling as she expressed it, 'as though the entire contents of the pelvis were falling out.' The discharge had so irritated the vagina and vulva that a specular examination was impossible; indeed, the parts were so tender that a satisfactory digital examination could not be had, and, to add to her trouble, she was constantly bedeviled with pruritus. It instantly occurred to my mind that this was a capital case to try the virtues of glycerine, accordingly I prescribed f ʒ viij, of anhydrous glycerine, directing her to make a ball of raw cotton as large as could be conveniently introduced, securing it by a strong cotton cord tied around the centre of it, the ends of which were to be left long enough so that by its aid the ball could be removed; this was to be thoroughly saturated with the glycerine, and introduced, each night for a week. She was also directed to saturate a small linen cloth with the same, and apply it to the external parts.

In addition she was ordered the following:

R Quiniae.....	3 ss.
Ferri Lactatis.....	3 i.
Strychnia cryst.....	grs. jss.
Acid Arsenious.....	grs. ij.
Caffeine.....	3 i.

Misce, Fiat pilulæ, No. xxx. Sig. One to be taken each night.

And ordered to report in one week. At her next visit she reported that the effect had been miraculous; that upon awakening the morning after making the first application, she found her clothing and the bedding was completely saturated with water, seeming, as she pertinently remarked, as though she had urinated at least half a dozen times during the night. She also noticed that all the clothing was stained a deep yellow; the soreness of the vagina was greatly lessened; the pruritus entirely gone, and the pain in the back and pelvis greatly diminished, and the leucorrhœal discharge much less than before and quite thin and watery. She had followed the directions closely up to this time, with the effect of lessening the discharge gradually, until it had entirely ceased; the pains were all gone and she felt like a new woman, to use her own terms; her appetite was improved the cachectic appearance greatly lessened. Ordered to continue the pills, and to use the glycerine once each week until after the next menstrual period had passed, then to discontinue it altogether. I requested her to apprise me of any symptoms of a return of the difficulty; but to this time, now nearly three years, she has not experienced any further trouble, nor do I apprehend that she will; yet I am fully aware that the same cause or causes that first produced it can, and most likely would produce it again."

Dr. I. C. BISHOP, in a letter to Dr. TIDD, says he has employed this agent in chronic inflammatory conditions of the mucous membranes of the mouth, fauces and air-passages, when the membrane seemed excessively dry, and complicated with a distressing, hacking cough, with better results than he has obtained from any other remedy.

He is confident that he has aborted furuncles by the external application of cotton soaked in glycerine. Dr. T. observes, that, he is convinced, that the full value of this agent, is not yet understood. (*Detroit Review of Med. and Pharmacy*, May, 1875.)

Note.—The case reported at length is intensely interesting, not the case *per se*, but the latitude of the agent is better understood.

DIGITALIS.

BY E. L. BOOTHLY, HAMMOND, WIS.

EDITORS JOURNAL MATERIA MEDICA:

In the last No. of the Journal of Materia Medica, there appeared an article taken from the *Lancet and Observer*, by the pen of Prof. STEVENS of Syracuse University, on Digitalis as a remedy.

The remarks in question were very interesting, perhaps more so to me than any other article on Materia Medica, especially as relates to its therapeutics.

Having prescribed the drug many times the past year, perhaps a few remarks relative to the conclusions I have arrived at as regards the use of this remedy, though of no great weight, might be interesting to some and possibly instructive to others. I take the present opportunity to present them.

Late years, much talk has arisen concerning this drug, much it seems to me that was uncalled for, and that tended to act as a blind and a bug-bear to the young practitioner, causing him to shun the article in his practice, as many shun mercurials, from dread of consequences, from fear of uncertainty of action, and also from the want of a really good article, or a reliable preparation of one, upon which full dependence could be placed with the certainty of a favorable result. When first I began the study of medicine I was taught that Digitalis was an unsafe article—but little if any used, a powerful *head sedative*, not until after I began practice did I ever see much of its true action or learn aught concerning it, save the fact that it, like other powerful remedies, had been supplanted by other and more certain ones whose action on the economy was more salutary. I had therefore become prejudiced against the drug before I ever knew enough concerning it to warrant an opinion. As I also had in regard to mercury been prejudiced against it, as students are apt to be, of some of our most powerful and important drugs, partly from teaching, partly from the fact that they were employed by our fathers, and that fatal results *had* followed their use in many instances. Therefore, they considered them too uncertain—to say the least, to use at the bed-side, and too old-fashioned to ever again come into use, and as divers opinions were entertained concerning the effect, they were dropped from the Physician's prescriptions and for a long series of years some of our most potent remedies have lain latent.

Having become interested in Digitalis, first, because I have

heard different opinions expressed by medical men of good repute, concerning its action, and secondly, because I wished to know for myself the *truth* in the case. I have made it a point to prescribe it in cases where otherwise a different article would have been selected, and having carefully watched its effects, both on myself and on others, I have settled into the opinion that it is an article of much value to the practitioner, and no man in general practice can afford to be ignorant of its many virtues, or indifferent to its action—both physiological and therapeutical.

The main question under discussion, viz.: Is it a stimulant or a sedative, or both, to the heart? seems to me to be only settled by our progressive men, for they by a large majority vote it a stimulant and tonic.

Such are its properties. If any one doubts let him investigate for himself, and not believe what one or the other says, unless confirmed by his own practice. Digitalis beyond the shadow of a doubt, is a powerful and direct stimulant to the heart, energizing its ventricular action, and thereby through its stimulation of the hearts fibres, it produces a firmer and a steadier pulse. If given in a large dose increase in frequency of pulse strokes are easily determined.

By careful experiment and close watching of the effect, a natural pulse can be made to double its beats in a given time, and also to become firmer and steadier than before, proving to any candid observer that it is a direct stimulant and never a sedative. I opine that one was one our fathers held to support their theory of sedation which they claimed for it was this:

As nearly all treatment in those days was depletion, or intended to be depletion, oftentimes when this drug had been prescribed in a weak and exhausted condition, dependent on an intense febrile reaction, pulse high and weak, and the beneficial effect noted, so greatly resembling the action of a narcotic, on the system, even as great a change taking place in the patient's condition as often follows the use of an opiate, and the relief which the patient experienced, which could even be seen by his countenance, had been noted by the practitioner, he naturally came at once to the conclusion that its action so closely resembling a narcotic must depend on such properties, and therefore classed Digitalis under the head of sedatives—depressants, or of that class whose action was quieting. Not looking far enough to see its true property, not aware that stimulation can also quiet and pacify. As far as the

pulse was involved in their observations, many times an irregular pulse of an hundred beats or more to the minute, hard to count, was found after the use of this drug, to beat regularly, was firm to the touch, easily counted and oftentimes of less frequency than before. Certainly they said *Digitalis* is a sedative, why not? A pulse of 130 was in a short time brought down to 100.

Never was *Digitalis* a sedative, on the contrary, it is the direct opposite of it. Though decreased sometimes in frequency, the pulse was increased in volume. The heart in the first case was exhausted and weakened, and of necessity it could not pump its normal amount of blood into the aorta at every contraction of the ventricle, and was obliged to pump quicker to make up the deficiency.

The effect of *Digitalis* then on the exhausted and relaxed fibres of the heart, stimulated them to a greater energy of action, gave the heart the ability to perform nearer its normal amount of work producing a steadier and firmer pulse, relieving dyspnœa and necessarily reducing for the time being the frequency of stroke. If however from this time, we continue its use, we can increase the frequency and still maintain the full hard pulse, regular and firm. The heart is truly stimulated and in *no* case is it depressed or a truly sedative effect produced.

There is no question so far as I am aware, in regard to the action of *Aconite*. That it is an arterial sedative, no one denies, and yet it is the direct antagonist of *Digitalis* in its action, producing a relaxed condition and diminishing the pulse in frequency and power. The one is an antidote to the other! How then can they both be sedatives? They are not. *Aconite* is a sedative, *Digitalis* is a stimulant to the heart.

A circumstance occurred, only a year since of which I am personally knowing, and it illustrates the above with the certainty of a mathematical demonstration. A medical student at Dartmouth College, one evening just before retiring, took by mistake, a teaspoonful of *Tr. Digitalis*, instead of *Tr. Rhei*, as was his intentions. Immediately upon swallowing the same he discovered his error, and soon experienced an uncomfortable sensation in the region of the heart, as of weight. Dyspnœa was a prominent symptom. The pupils were greatly dilated; noises in the head; flashes of light before the eyes; an effort to vomit, and the pulse which was about normal, in less than an hour was 140. Dr. FIELD, Professor of *Materia Medica*, was sent for, he soon arrived and after ex-

aming the patient and learning of the mistake in the article taken, and the amount swallowed, said it was a typical case of the physiological action of Digitalis, as the student was in good health, save a costive state of the bowels for which he meant to take the rhubarb. He called on those students present, to particularly note the symptoms, for it illustrated definitely, his previous lecture on this drug. Tr. Aconite Rad. was given, a large dose at first. Before an hour passed the pulse had diminished in frequency, but soon began again to rise, as the effect of the aconite wore off. Aconite was administered at intervals through the night, the pulse alternately rising and falling. The Digitalis having a far greater persistence of action, and considerable more Aconite being given than had been taken of Digitalis. The heart answered to the aconite at every little dose, and again answering to the Digitalis, when that effect was overcome, proving to the satisfaction of all, that the two were directly opposed to each other therapeutically. In fact, that one was an antidote to the other.

It was several days before he was able to resume his place in his classes. The aconite which was persisted in as long as any effect of Digitalis was observed, having exhausted him and with the nervous prostration which succeeded, considerably reducing his strength. To me this fact demonstrated clearly and freely, the ability of this drug to increase the force and frequency of the heart's action. That it was the direct opposite in effect from aconite, and that in over-dose of either, *the other is the remedy*.

The physiological action of Digitalis on the capillaries of the brain is similar to that of Bromide of Potass., viz.: contracting them and thereby lessening their calibre secondarily, through its action on the vaso-motor nerves, even producing a pulsation. On other vessels and organs it has a stimulating effect, though secondarily through its action on the heart.

In common cardiac affections as palpitation, irregularity of rythm, intermittent beat, it is the remedy par excellence. As a tonic in those cases where there is a lack of muscular power in the heart to properly perform its office, the continued use of it will have a more beneficial result than any other one article of the materia medica. By its constant use the heart receives nutrition. It augments the strength and number of its muscular fibres, through the increased coronary circulation. It is the nature of all things to recuperate, and regain their lost power while in a state of rest. Thus does the heart, while at rest between each beat,

gain its necessary food, and regain its lost strength and replace its lost tissue. Its time of rest is its time of repair. The increased muscular action demands more nutrition, and this is received by the tissues of the heart from the extra amount of blood which passes the coronary circulation under the influence of this drug.

Its action on the heart is then, 1st, a direct stimulant to the ventricles, 2nd, a tonic from the greater quantity of blood sent to repair waste tissue and build new.

In cardiac diseases small doses often repeated are preferable to larger ones. In extreme cases large ones may be resorted to, perhaps as great as twenty drops and even a half ounce and more has been given in insanity, but such cases are rare, when more than twenty drops are given at once. In the great majority of cases from two (2) to six (6) drops are sufficient, repeated at intervals, and are far more salutary and unaccompanied by danger.

In fatty heart and other somatous patches, its use is contra-indicated, for here we have a disease which has weakened the structure to such a degree that so powerful a drug is apt to cause a fatal result by rupture, either in large or small continued doses.

Digitalis is a most efficient diuretic, acting not like other diuretics, by being secreted and eliminated by the kidneys, thereby increasing the quantity of urine, but acts secondarily upon these organs, through the blood. That is by increasing the force and frequency of the circulation through the kidney. The tension produced by the pressure of the blood on the organ, causes the water of the blood to evaporate, or in other words forces the kidneys to secrete or receive more water than they otherwise would. Therefore the peculiar indication for *Digitalis* as a diuretic in certain diseases as in scarlatina, the excrementitious products being literally wasted away. The same general law is applicable to other parts of the organism. Anasarca is removed, serous cavities are evacuated, as hydrothorax, hydropericardium, &c.

The addition of Squill in some forms of dropsies, is advantageous, and of Calomel when the blood is surcharged with bile. The value of *Digitalis* in any disease is seen where a stimulation or tonic effect on the heart is needed.

In maniacal excitement when there is a want of blood in the brain, its beneficial results are at once seen. Though contracting the capillaries of the brain, as we have before noticed, it does not act like Brom. Potass. by emptying the blood vessels, but forces more blood into them. Brom. Potass. in hyperæmia, *Digitalis* in

anæmia of the brain. In delirium tremens where it was prescribed in seventy (70) cases, in large and continued doses, it failed to relieve almost immediately in only three (3.)

In this affection a large dose is necessary, from $3\frac{1}{2}$ to $3\frac{1}{2}$, and more has been given with the best of effects.

A case of valvular disease of the heart occurred in my practice during the last winter, and was treated with Tr. Digitalis in small and repeated doses, with the result of allaying the severity of the symptoms, and in every way improving the patient's condition.

The theory of BENCE JONES, that Digitalis is at first a stimulant and second a sedative, seems to me to contradict itself.

How can their apparent contradictory effect be accounted for. As Prof. STEVENS truly says, posture may have much to do with the symptoms. But when we consider the fact that when its use has been carried too far, the heart is brought to a stand still in systole, we then have a condition which would appear to a casual observer to be sedation. But such is not the case as can readily be seen. For there can be no sedative effect when the heart is in a tonic condition, closely contracted as it then is. Sedation implies a relaxation, a loss or weakness. There is no relaxation, no weakness—only a hyper-stimulation so great that diastole cannot take place, for when the drug begins to act on the organ it finds it in diastole a relaxed condition, or in other words, a sedative state, at least as far as the ventricles are concerned, and it is from them alone that it acts as a stimulant, and in every case it leaves it in the opposite state of systole. As far as its cumulative action is concerned, I do not believe in it. The effect of this drug is sure and persistent, and its action prompt. I have never observed or known of any delay of any account before we begin to see its effects.

In selecting the drug for use it is necessary to know the worth and quality of the drug before you. On this depends your success, and I am bound to believe that much of the uncertainty expressed by medical men on this one article, and their different opinions regarding its therapeutic properties are partly if not wholly due to the entire worthlessness or the inertness of the preparation they receive from the druggist. Much, I may safely say the greater part, of the drug as found in the shops, is entirely inert, some producing no effect whatever, others but little, whether it be the leaves or powder, or tr. of the leaves. The leaves

whether powdered or whole, should be kept both from light and air, for if left exposed, will in a few weeks destroy and render inert the best article in the market.

The dry article should be placed in a blue or green glass tightly corked, and then its virtues will remain unimpaired for a long time, American *Digitalis* is always of an inferior quality, the English alone being reliable, and that imported by ALLEN of Boston. Mass., is the best and the strongest. The leaf is a bright green, and both in taste and smell as well as in action, differs totally from that usually seen in shops, in paper parcels.

If medical men will all use a fresh reliable preparation, their opinions will not be so varied, and the profession in general will not long remain in doubt as regards the therapeutic action of *Digitalis*.

TREATMENT OF CHOLERA INFANTUM.

BY LEVIN J. WOOLLEN, M. D.

EDITORS JOURNAL OF MATERIA MEDICA:

By *cholera infantum* I mean the disease described under this name by Condie and other of the older authors. Some recent writers on diseases of children treat it under three heads—viz., cholera infantum as resembling Asiatic cholera, entero-colitis, and inflammatory diarrhoea—but every physician of experience knows that a case of what is generally termed cholera infantum before convalescing may pass through all three of these conditions.

Irritability of the stomach, the little patient almost immediately vomiting whatever is swallowed, is usually the first and one of the most important symptoms. How is it to be treated? Rest for the stomach is of the greatest importance. A tea-spoonful of ice-water may be given every few minutes; and the only medicine advisable is one-sixth to one-fourth of a grain of calomel, which may be given mixed with a little sugar and sprinkled upon the tongue every half hour or hour. Sinapisms should be applied to the abdomen and to the extremities. I believe the vomiting will be controlled in nearly every case by these means. Milk should not be given to a child with cholera infantum, especially if there is much vomiting, and this rule is equally imperative whether the child be weaned or not. Instead of milk, it may have the white-of-egg mixture or barley-water or oat-meal gruel. Sometimes prepared gelatine is useful; but no single article of diet agrees in

all cases, and the practitioner only learns by a trial of one and another as to that which is best adapted for a particular case. After the acute symptoms have subsided fresh cream diluted with water may be given; and as the patient gets better the mother may again give it the breast, if not weaned.

Our attention will next be turned to the diarrhœa which probably has preceded the gastric disturbance and still persists. The mercurial already given has produced a change in the color of the discharges, they having become slightly green or dark. Sugar of lead should now be given, from one-fourth to one grain at a dose.

It often happens that almost at the onset of the disease, or else after it has continued for a greater or less time, symptoms of approaching collapse are manifested. The child has obstinate vomiting with large and frequent stools; the surface is cool and the countenance pinched and shrunken; there is intense thirst, the patient drinking cold water with great avidity, and almost immediately vomiting it. Here again the treatment previously mentioned, small quantities of ice-water frequently given, fractional doses of calomel, and the application of sinapisms, and in addition injections of brandy and water with a little laudanum, the quantity proportioned to the age. When the vomiting ceases sugar of lead should be given.

If entero-colitis occurs, I usually give the sugar of lead in combination with pepsine, or else simply with gum-arabic, alternating the remedy with pepsin and bismuth. Undoubtedly children bear much larger doses of lead than some of our authorities teach, and the agent may be continued for weeks without causing lead-colic. Carbolic acid and glycerine and water may be used with benefit as an injection; although soon ejected, yet its retention should be secured as long as possible by pressure against the anus. When the disease becomes chronic—the fever subsided, the patient emaciated and suffering with large, thin, colorless stools—tannin may be added to the lead with good results.

In the latter stages of the disease we seek by suitable nourishment to keep up the patient's strength until cool weather shall complete the cure. Whatever is nourishing, and after a cautious trial has been found to agree well with the patient, may be allowed; but, as a rule, milk, especially in the early stages of the disease, will be found to aggravate most cases, and should positively be prohibited.

Attention should be paid to the condition of the gums. A few years ago nearly every physician made a practice of scarifying the gums when swollen in this disease. Of late years many physicians doubt the propriety of cutting the gums, and some good modern books on the diseases of children advise against the practice. I suspect that many of those who oppose scarification of the gums have not been accustomed to pursuing that line of practice themselves or of witnessing it in others. I hold that no one is a competent judge of the matter who does not know from actual experience and observation what to expect from such practice. I have scarified frequently in infants, and have never regretted doing so in any case. Few physicians perform this little operation in a proper and thorough manner. Many are content with making an incision along the line of the gum immediately over the tooth. In some cases the gum will heal, and the cicatrix left after this operation causes the tooth to be longer in making its appearance than if there had been no incision. Then again others make a crucial incision over the crown of the tooth, which is an improvement on the first method, but will not answer in all cases. After the crucial incision is made it will be necessary to pass the point of the knife down between the gum and tooth, and press the gum away from the tooth.

In some children, especially those born of consumptive parents, the brain is very liable to become affected, constituting that incurable form of disease known as *tubercular meningitis*. Occasionally the children of healthy parents may be attacked with meningitis during the progress of cholera infantum. In some cases there is a peculiar, sharp, piercing scream uttered by the child before the supervention of convulsions; in others the convulsions may be the first warning that the physician has of the occurrence of brain-lesion. However this may be, the case will, as a rule, prove fatal, and but little can be done by treatment. To moderate the force of the convulsive actions of the body the inhalation of chloroform will be useful. If the case do not rapidly prove fatal, an effort at cure should be made, and for this purpose I know of no remedy superior to iodide of potassium. I have seen one case recover under the use of this drug after repeated convulsions had occurred.

I have not alluded to the importance of fresh air in the management of this disease. It is so universally known that pure, fresh

air is an indispensable adjunct in the treatment of cholera infantum that I have considered it superfluous to urge its importance.—*American Practitioner*, August, 1875.

GALLIC ACID IN THE TREATMENT OF ALBUMINURIA FOLLOWING SCARLATINA. *

BY J. T. JAMESON, M. D.

I wish to call attention to the use of gallic acid in the treatment of albuminuria as a sequel to scarlet fever, with which in a few cases I have met with marked success. My experience with the remedy has been as follows:

In my first case, occurring in a boy aged about twelve years, the symptoms were very severe. There was œdema of the face and lower extremities, but no effusion into the thoracic or abdominal cavities; violent headache; blindness; there had been four or five strong epileptiform convulsions; urine was scanty and contained blood, resembling exactly water in which fresh beef had been washed, and coagulating about one-half on testing with heat and nitric acid. To relieve the cerebral symptoms, a blister was applied to the neck, sinapisms to the extremities and lumbar region, cold to the head, and two or three doses of a mercurial with bi-tartrate of potassa. This was followed by iodide of potassium and a tea-spoonful of a saturated solution of gallic acid every two hours. The acid was given in this manner for five days and nights in succession, the patient rapidly improving under its use, and the urine becoming more copious and less bloody. It was continued for twenty-two days, only at longer intervals, and at that date the urine when tested manifested the slightest possible trace of albumen, although the boy at this time was around the house and apparently perfectly recovered, having been so for a number of days. The tinct. ferri chloridi was given in small doses, and completed the cure.

My second case occurred in a girl about six years of age. The eruption was very livid and the skin had desquamated. The child recovered well from the fever, and was about the house. She went into a cold room to play with other children, and a day or two after the face became œdematous; there was pain in the head; slight fever; urine quite bloody, and on testing in the usual

* Abstract of a paper read before the Chenango County Medical Society, N. Y.

manner presented considerable coagulation. The patient was put upon a saturated solution of gallic acid, a tea-spoonful every two hours. In seven days the urine was free from albumen and copious in quantity, and the child seemed well, with the exception of debility, for which the muriated tincture of iron was prescribed. About ten days after this, in consequence of fresh exposure to cold, there was a slight relapse, the urine becoming again bloody and the face puffed, but on resuming the gallic acid for a few days these symptoms speedily subsided and the recovery became permanent. In this case the gallic acid was administered unaccompanied by any other medicine, except an occasional dose of castor-oil to regulate the action of the bowels.

Remarks.—The treatment hitherto generally adopted in this affection has been that of acting derivatively on the bowels by means of mercurials, followed by such diuretics as digitalis, sweet spirits of nitre, acetate of potash, etc.; but if future experience should confirm the efficiency of gallic acid, I can not but think we shall possess a remedy superior to any of the above. The gallic acid, if I understand its action aright, enters the blood unchanged, and unchanged is carried directly to the congested and inflamed capillaries of the secernent portion of the kidneys, acting as an astringent and tonic upon them promoting their contraction, and thus arresting the exudation of red blood-corpuscles and promoting the normal secretion of urine. I have seen no unpleasant effects from its administration as freely as above represented. It does not disturb the stomach nor interfere with the appetite or digestion, but it does tend to constipate the bowels somewhat, rendering necessary the occasional use of a mild laxative. If in the commencement of the case there should exist considerable fever with coated tongue, I think that it would be well, prior to the exhibition of gallic acid, to act pretty freely upon the bowels by a brisk cathartic.—*American Practitioner*, August, 1875.

HOW IS SMALL-POX COMMUNICATED.

BY A. W. M'DOWELL, M. D.

Small-pox originates from actual contact with the developed scab, from this scab dissolved in water, or from the effluvia of it. It is not communicated by the developing vesicle or pustule, or received from being in a room or car with a person with the eruptive stage

commencing. In all cases the disease is caused by the well-developed scab or the matter from it. The following cases illustrate the truth of these assertions:

First—A young man came to the country from New York City, riding in a railroad-car forty miles and in a private carriage six miles. The evening of his arrival I saw him. He was complaining of headache, and thought he had a "bilious" attack. The third day he had a severe sore-throat, and upon examination I found a vesicle upon the end of the uvula. He complained too of his back, and there too a vesicle was found, which ultimately formed a perfect scab and adhered to the shirt. Now the sequel was this: a colored woman, living with her family some distance from the farm-house where the young man was sick, washed this shirt and then her two children's clothes in the same suds; but subsequently, in putting clean clothes on them, she used for one these, for the other those that had been washed on a previous occasion. The first soon had small-pox; the second escaped at that time. Here a scab diluted with water produced small-pox, the clothes being the vehicle of contagion.

Second—A gentleman having a large family of sons and daughters declared vaccination a humbug, and not one of them was vaccinated. A daughter, on her wedding-tour, staid all night at a New York hotel, where a case of confluent small-pox had died, her room opening into the hall through which the corpse had been carried. In two weeks she returned, and was at a party where many young persons of each sex were assembled, when she complained of being quite sick, and her sister remarked how "feverish" her breath was. I found her next morning breaking out with small-pox; the disease was confluent and severe. But her sister and friends, with her for hours upon the night of the party, this feverish breath exhaled by her in the room, did not have the disease; every one escaped.

Third—A young man having recovered from small-pox a month had his head combed by his mother, and in combing she removed a scab. Subsequently she used the comb upon her own hair, and had a severe attack of small-pox.

Fourth—A neighboring physician, careless about washing, attended a severe case of small-pox. In feeling the patient's pulse some matter from a scab on the wrist adhered to his fingers; and having bushy whiskers, which he was in the habit of rubbing, the matter was lodged in them. His wife received the poison thence, had small-pox, and died.—*Amer. Practitioner*, Aug., 1875.

A DAY WITH A CASE OF NOSE BLEED.

BY D. PRINCE, M. D., JACKSONVILLE, ILL.

A persistent nose bleed has been a terror to me since some time during the war I saw a man die from the exhaustive hemorrhage commencing in a nose bleed. In this case an officer in an apparent healthy condition bled at the nose for several hours. A few days afterward he bled again to such an extent as to produce a manifest exhaustion. These bleedings occurred during a leave of absence to get married.

On arriving home he bled again. Other treatment failing, the nose was plugged before and behind, when he bled from the roof of the mouth, next from the fauces, then from the stomach or bowels, and finally from the bladder. Among the last acts of this melancholy history was his marriage to enable his beloved to assume his name.

The special object of this contribution is to show how a conceit was taken out of me. I had some years ago a case which resisted all medicine and local application, the bleeding being only temporarily arrested by plugging. Tartar emetic produced no apparent effect, gallic acid was powerless and chloride of iron failed. Finally veratrum viride was given, and as soon as the pulse became retarded the bleeding ceased and did not return. In this case cold and pressure were unavailing.

Soon afterward a girl of about twelve years, had a tooth drawn, and the dentist had exhausted the expedient of pressure and cauterization, and the adjacent mucous membrane had begun to show hemorrhage specks. Veratrum was given, and as soon as the heart came under its control the bleeding ceased and did not return.

From this experience and other successes, I acquired a conceit that veratrum was all powerful for epistaxis.

Monday, May 31st, 1875, J. H. Bryson, a baggage master had bled on Friday and had had his nose plugged in Danville.

Having been bleeding from the left nostril three hours on the train, he came under treatment at 11 A. M. Pulse 100. Tinct. veratrum viride 10 drops and ether spray to the back of the neck and to the nose without effect. The drops of blood came from the nostril with the same frequency.

11½. Pulse 80, no nausea. Gallic acid, half a drachm.

12. Pulse 80. Veratrum 5 drops. Tinct. chloride of iron, one drachm in a glass of water.

12½. Pulse 80. V. V. four drops.

3 P. M. A warm douche; two gallons of water as warm as could be borne, passed through the nostril from a height of six feet, on the revived idea of Currie of 100 years ago, that bleeding is to be stopped by heat. This was followed by a douche of chloride of iron about one twelfth diluted in warm water. No effect.

3½. Pulse 110. Two gallons of warm water were passed up the nose. This having no effect the nostril was soon afterward plugged with cotton before and behind arresting the bleeding.

It will be noticed that the pulse came down from 100 to 80, apparently from the effects of the veratrum, but afterward went up to 110. The veratrum was not pushed farther and in larger doses, from regard for the consideration that when the pulse increases in frequency under a moderate employment of veratrum it is unsafe to push the remedy further. A rapid descent from 100 to 80 showed some power, but after having taken 20 drops in an hour and a half, no further depression of pulse was reached. On the other hand the increase in frequency and a gaseous character (a hemorrhage pulse) rendered me fearful of the use any further of an agent which when it fails to control the pulse in moderate doses will not control it at all.

The plugging would have been resorted to sooner, but for the dread of the patient from his recollection of the proceeding three days before. It may be that veratrum would have controlled the bleeding if it had been given sooner, but I can no longer say with confidence that veratrum is *the remedy*. In another case I should plug the nostril sooner, though this cannot be relied upon as certain to control the blood.

Such an experience tends to make one feel modest.—*St. Louis Medical and Surgical Journal*, July, 1875.

SUCCESSFUL TREATMENT OF MALIGNANT DIPHTHERITIC SCARLATINA.

BY THEODORE H. JEWETT, M. D., OF SOUTH BERWICK, ME.

I have used the following treatment with the highest success and satisfaction, in the most hopeless cases of malignant scarlatina, and it is my wish that this communication may reach every physician in the country. I believe that by its adoption many valuable lives may be saved.

Fit a large gum catheter (or any straight catheter) to a two or four-ounce syringe. Then fill both syringe and catheter with a mixture of TILDEN'S Bromo-Chloralum and water; one part of the former and six of the latter. With this, inject thoroughly and cleanse the nasal passages and throat, first through one nostril and then through the other nostril, being careful to oil the point of the catheter and depress with the point of the finger the entrance, so as to render the passage of the catheter easy. The catheter need not be passed in more than two inches. This injection may be repeated every four to six hours, until the patient is better, and then less often. Large quantities of very foul discharges will take place, perfect disinfection ensue, and immediate improvement of the mucous surfaces, with rapid removal of stupor. In connection, I would advise as restorative treatment, also to neutralize the poison, the internal use of the two following mixtures in alternation, every four hours or two hours apart, viz.:—

℞ Tilden's Bromo-Chloralum..... $\frac{3}{4}$ j.
 Water $\frac{3}{4}$ vj. M.

Sig. Teaspoonful for a dose, in some water.

℞ Pulv. Chlorate Potash 3 iss.
 Hot Water $\frac{3}{4}$ iij.
 Sugar $\frac{3}{4}$ ss.
 Tr. Muriate of Iron 3 j: M.

Sig. Dose, teaspoonful once in four hours, in some water.

I think it well to oil the throat and the entire surface of the body with some warm bacon fat, once in four to six hours. This will cool the patient sensibly after each application, and better than water; although tepid water may occasionally be applied. Milk diet should be given, and good air be maintained in the apartment. The treatment now advised is only called for in those cases most malignant and hopeless.

In simple cases, very little is required other than the use of good judgment as to air, proper diet, a regard to temperature and rest. In such cases, the alternate use of aconite and belladonna is often of service, also carbonate of ammonia. In malignant cases, for which I have advised the treatment indicated in this paper, they are useless.—*Medical and Surgical Reporter.*

Monthly Summary.

OF Therapeutics and Materia Medica.

Incontinence of Urine.

Dr. F. N. Otis, of New York, writes to the *Lancet*.

One of your correspondents asks for information as to the treatment of incontinence of urine, and half a dozen responses are made. A little more careful perusal of the department of *The Lancet* devoted to "Notes, Short Comments, and Answers to Correspondents," would have caused some consideration of the not on "Ritual Circumcision," in the issue of Jan. 9th, where Dr. A. Mayer says, "It is also a known fact that circumcision cures enuresis nocturna, when caused by a prepuce with a narrow opening." The fact that of the six respondents, two recommend belladonna, and the other four as many different modes of managing the difficulty, would show that the *cause* had not been looked after. My own experience, which has been extensive, has convinced me that enuresis in youth and in adult life is frequently due to a contraction either of the preputial orifice or of the meatus urinarius, and that sedatives and narcotics may palliate, but do not cure. Circumcision, or division of the preputial orifice, when the prepuce alone is at fault, will give prompt and permanent relief; when this does *not* give relief, the meatus urinarius will often be found constricted, and a relief of this constriction will give the desired result. Let me cite a case or two.

G. H—, a lad of ten, had been troubled with nocturnal incontinence two or three times in the night, and also often during the day, for two years. Belladonna, in quarter-grain doses, relieved him temporarily, but on cessation of the drug would return. He was found to have redundant prepuce with contracted orifice. I circumcised him in October, 1874, found some adherence of prepuce to glans, and also a very small meatus urinarius. This I enlarged to 22 Fr. From date of operation he was completely relieved for four weeks, when the difficulty reappeared. I then made another examination, and found the meatus recontracted to 16 Fr. I then redivided it to 24 Fr. Since then he has had not the slightest trouble, and, furthermore, has been in better health than for several years.

I have just received a letter from Dr. C. H. Mastin, of Mobile, La., which I desire to add to this statement, and let your cor-

respondents judge of its value. Dr. M. is one of the leading surgeons of the Southwest: "Following, I furnish you the brief notes of a case which I fancy will interest you, as it bears so strongly on your theory of reflex irritation, which I, for one, believe is ere long destined to become a fixed surgical truth. On the 29th of last month (November, 1874), I was requested to see a little boy, eighteen months old, the son of a gentleman of this city. The child was very delicate, pale, fretful, no appetite, languid, complained of pain whenever he passed his water. He was wakeful at night, and in the nightly habit of wetting his bed during sleep. From the description given me I was led to believe that the child had stone. Upon examination, however, I failed to discover stone, but found that the child had an elongated prepuce, the orifice of which was very small, congenitally contracted, so small, indeed, that there was difficulty in passing an ordinary silver probe. I was satisfied that the case was one of reflex irritation from narrowing of the preputial orifice. The physician with whom I saw the case, in consultation, laughed at this diagnosis; but, inasmuch as there was an evident obstruction to urination, consented to a free division of the preputial orifice. The results of this simple operation proved the correctness of your views and of my diagnosis established thereon. The very next day my little patient was decidedly improved, ate well, slept quietly, had no incontinence of urine, and up to to-day (one month from the date of operation) he has remained perfectly well in this respect, and his father says he has gained eight to ten pounds of flesh, and is in better health than ever before."—*Medical and Surgical Reporter*, August, 1875.

A Case of Tetanus Treated by Chloral-Hydrate—Recovery.

By H. Otis Hyatt, M. D., Kinston, N. C.

Jan. 5, 1873, I was called to a negro boy, aged 15 years, who, a few days previous to my visit, had been out hunting. His gun having been accidentally discharged, a greater portion of the load of bird-shot, and part of the wadding, passed through the left hand. The load entered on the inside of the metacarpal bone of the little finger, tore up the muscles of the palm, and passed out near the carpo-metacarpal articulation of the thumb. Some of the shot and a greater portion of the wadding remained in the track of the wound. A botanic doctor was sent for to see the boy. The only thing he did, so far as I could ascertain, was to sew up

the wound of exit. Tetanus was shortly developed; the condition of the patient was reported to the owner of the plantation, who came over to town and requested me to go out with him and see the case.

At the time of our arrival, the boy was having tetanic spasms every fifteen minutes, and had some fever; appetite good; strength good. I brought him under chloroform, took out the stitches, and after picking out a large piece of wadding and several shot, slit up the wound from the point of egress to the point of ingress, and found the whole canal literally filled with wadding and powder.

Thinking this a good case on which to try the effects of hydrate of chloral, I gave him a solution containing thirty grains to the teaspoonful, and directed him to take a teaspoonful every hour until relieved. This was continued four days—the patient taking, during each twenty-four hour, *seven hundred and twenty grains of chloral*, with no other effect than to lengthen the period between the convulsive seizures to half an hour, during which time he was enabled to sleep. I then put him upon the extract of calabar bean—gr. 1-30th—every half hour, with directions to continue the dose until the spasms abated in frequency and intensity, and afterwards to repeat the dose as might seem necessary. After the first dose, his mother says, he had no more spasms. She repeated the dose three or four times a day. After the expiration of twenty-five days from the commencement of the attack, I ordered the medicine to be discontinued. The boy made a good recovery.—*Virginia Medical Monthly*, July, 1875.

Erysipelas.

The treatment for this disease differed considerably with the individual members of the staff. Internally some gave diaphoretics, such as neutral mixture, solution of acetate of ammonia and spirit of nitrous ether. Others simply oil of turpentine, in emulsion, if there was suppression of the secretions. Iron was used in nearly all the cases, chiefly as a tincture of the chloride. A non-official preparation, known as elixir of strychnia, quinia and iron, was used to some extent. If the patient was constipated or had diarrhoea, either an astringent or a purgative was used as required.

As local dressings, dry cotton, flexible collodion, hyposulphite of soda in glycerine, and tincture of iodine were used.—*Med. & Surg. Reporter*.

Tincture of Chloride of Iron for Nasal Polypus.

Dr. G. Troup Maxwell (*Phil. Med. Times*) injects into the nostril one drachm tincture of iron, diluted with one drachm water, holding the head back so that the liquid shall come in contact with the polypus. This he repeats daily, with the effect of producing a complete cure in from four to seven or eight days. It causes but slight pain, and does not prevent the patient from attending to his business.—*Atlanta Med. and Surg. Jour.*, August, 1875.

New Remedy for Burns.

There has been in a hospital for many months a case of extensive burn, in which different applications have been tried. Every new dressing succeeded well for a time, but soon it ceased to prove of advantage. The last agent that has been used, and is at present, is salicylic acid. The effect is more beneficial than that obtained by any of the former remedies. The method of using it is to form an emulsion with olive oil, one part of the salicylic acid to sixteen parts of oil. This mixture is painted over the ulcerated surface once or twice a day. It gives rise to a slight smarting sensation when first applied, but that soon passes off.—*The Pharmacist*, August, 1875.

Electricity in Jaundice.

The treatment of jaundice by electricity has often proved successful. The procedure is certainly worthy of trial. The position of the gall-bladder is first found out by percussion, and to this point the electrode of an inductive electric machine is applied. The other electrode is placed on the opposite side of the abdominal wall. When the current is passed, a gurgling sound may be heard, and the cure is often immediate.—*Pacific Med. and Surg. Jour.*, July, 1875.

Bromide of Ammonium in Non-Structural Catamenial Excesses.

Dr. J. R. BLACK, of Newark, Ohio, strongly recommends the administration of *bromide of ammonium in non-structural catamenial excesses* (*Cin. Lancet and Obs.*, May, 1874), and says that he is not more certain of arresting an attack of *ague* by quinia than he is of controlling the forms of menorrhagia referred to by the bromide of ammonium. To be efficacious, however, it should be given at least ten days before the expected period, not alone during the flow itself; only when thus administered will its sedative influence on the ovarian and uterine vascular engorgement preceding menstruation make itself properly felt.

The *muriate of ammonia* is reported by Dr. R. D. WINSETT (*Nashville Jour. of Med. and Surg.*, Jan., 1874) to have cured a case of *menorrhagia* and *dysmenorrhœa* combined, in a woman forty-six years of age, the mother of four children, the youngest of whom was twenty years old. The menstrual flow would last from six to eight weeks incessantly, and had completely prostrated the patient. After almost the whole *materia medica* had been exhausted, the *muriate of ammonia* was tried and accomplished a cure, the menses now reappearing regularly every four weeks without pain.—*American Journal of Obstetrics*, August, 1875.

Editorial.

We published in the September No. of the JOURNAL MATERIA MEDICA an article relating to *Damiana*, which was claimed, by the author, to possess remarkable aphrodisiac properties. We published the article with no further knowledge of the *remedy*, than that which we obtained from reading in our exchanges what various parties, professing to be acquainted with its virtues, had written concerning it.

Since the issue of the No. of the JOURNAL MATERIA MEDICA, containing the article mentioned, we have received a *perfect flood* of letters, making inquiries in regard to *Damiana*, its uses, where it could be obtained, price, &c. We have answered all such inquiries, up to the present time, giving them all the information we possessed, which was comprised in what we have stated above, and that CHAS. M'QUESTIN, M. D., of San Francisco, Cal., had offered to furnish his professional brethren with a suitable quantity to test its efficacy, whenever they felt disposed to apply to him.

The MEDICAL AND SURGICAL REPORTER publishes the result of one physician's tests, who had applied for and received a sample of the preparation, as follows:

Our application for samples of the extract was complied with by the proprietor of the preparation, for which courtesy we express our thanks. But he declined to state from what part of Mexico he obtained it, or through what channels of trade. He further added that no botanical specimen of the plant could be had.

The extract sent us contained considerable alcohol, the effect of which must be allowed for. The amount of alcohol in a dose of the extract was fl 3 i. or fl 3 ii.

In two instances we administered a dessert-spoonful of the extract three times a day, to healthy men, for three days. The result was null beyond a slight stimulation from the alcohol.

From the Proceedings of the New York Alumni Association of the Philadelphia College of Pharmacy.

Attention was called to reports which have appeared in the Virginia

"Medical Journal" on the action of a new drug, damiana, which is recommended as an aphrodisiac; it was first introduced into this market last fall by a Washington druggist. The tincture is put up in 8 oz. bottles, which sell for \$2 each, with the directions to take from a dessert to a table-spoonful, *when ordered by a physician*. It has been prescribed by several leading physicians of New York, but, thus far, no authentic reports of its action have been received. Several have tried to obtain samples of the drug, but failed. If it is really a valuable drug, why is it not brought into the market, so that its origin and properties may be investigated? Thus far its introduction has given it the semblance of a nostrum.

If future developments prove that *Damiana* possesses real merit as a drug, and if it is brought into market, so that its origin and properties may be investigated, we shall be pleased to furnish our readers with all the reliable information concerning the article, that can be obtained.

ELIXIR IODO-BROMIDE OF CALCIUM COMPOUND.

Watertown, N. Y., August 31st, 1875.

Gentlemen:—"I had, for some time, been in the habit of prescribing the "Elixir" as an alternative in scrofula, secondary syphilis, eczema, &c., with marked advantage, but, it had not occurred to me, to make a *test* case, until your favor came to hand; where I could use it exclusively, and determine the general result. Fortunately, I soon had a chance to put my determination into practice, and although my case has been some time cured, I thought I would wait until a *probability* of a return of the disease had passed, before reporting the case to you. I shall not attempt a detailed statement of the *case*, but give a brief history of it, and the results of treatment with the Elixir *exclusively*.

Mrs. L. æt. 38 years, married, and the mother of one child, residing in this city, applied to me in December last, for advice and treatment. An examination of her case, showed an extensive ulceration involving almost the entire cervix uteri, accompanied by an abundant discharge of pus, with profuse leucorrhœal discharges. She had pain in the back and loins, and the general appearance of ill health attendant on disease of this character. She was almost incapacitated for work or exercise of any kind. She had been under the treatment of several physicians with the usual remedies; general tonics, washes, caustics, &c., without benefit, and was really in a sad condition, when she came into my hands. It occurred to me, that this would be a good *test case* for the use of the "Elixir," and accordingly prescribed it internally, with the positive injunction that she should give it a thorough trial; and not discontinue it, even if she was not cured in six weeks. Having received her assurance that she would faithfully persevere in the treatment, I undertook the case, I must confess, with *some* doubts of favorable results; but a month's trial convinced both the patient and myself, that the remedy was slowly but surely doing its work with a good prospect of permanent cure. It now required no effort

to keep my patient to the faithful use of the "Elixir." At the end of two months, prescribed the the local use of the *Solution* of Iodo, by means of cotton batting saturated with a proper dilution, and applied directly to the ulcerated surface twice daily, still continuing the "Elixir" internally and from this time forward to the end of fourteen weeks, from the commencement of treatment, her cure was rapid, and apparently complete; and now at the end of four months since she was discharged there has not been the slightest appearance of any return of the disease.

As a consequence, her general health has improved wonderfully, and she is now able to attend to business.

I cannot too strongly commend this comparatively new but unequalled alterative and tonic, to the members of the medical profession, satisfied that when a persevering and fair trial is made, they will not be *disappointed*, but highly *gratified* with its beneficial results."

Very truly, yours, CHAS. W. BURDICK, M. D.

Fibroid Cancerous Tumor.

Carthage, N. Y., Aug. 9th, 1875.

Gentlemen—I herewith submit record of a case treated with Elixir Iodo-Bromide Calcium Comp., which I think a remarkable one. Mrs. Hiram Lewis aged about 49, has been for years troubled with a *Fibroid Cancerous Tumor*. Apparent engorgement of right tonsil. Her temperament was leuco-phlegmatic. About March, 1871, the tumor commenced to grow rapidly and became very painful. She was treated irregularly for about a year, receiving various kinds of treatment and becoming discouraged, finally consulted me. Having a bottle of Elixir Iodo-Bromide of Calcium Comp., I gave it to her with the request to follow directions carefully. Relief followed at once, the pain gradually disappeared. She has used now five bottles with great satisfaction to myself and patient. The swelling had become chronic and is gradually but surely decreasing in size. I consider it, the Elixir Iodo-Bromide, invaluable as an alterative and believe the time must come when it will be so regarded by the profession generally.

Yours truly, JAMES T. PEDEN, M. D.

Erysipelas.

Extract from letter of Dr. THEO. C. COONES, Keystone, Clinton Co., Mo., June 1st, 1875.

"I do not wish to miss a number of the *Journal of Materia Medica* as I find it invaluable for consultation. Had I not been a reader of the Journal I might have been persuaded to use other Fluid Extracts and preparations than those of TILDEN—having been informed by agents, of other houses, that TILDEN & Co., had discontinued business. But the Journal was sufficient proof of their existence—and I cannot be persuaded to use any of the many Extracts and preparations on the market, except those of TILDEN & Co., and I have always found them reliable and just as represented.

I have used the Iodo-Bromide of Calcium, externally and interually, to great advantage in the treatment of Erysipelas, following wounds—and have also demonstrated its efficacy in Epilepsy, and I cannot speak too highly of the efficiency of Bromo-Chloralum as a disinfectant in Small-Pox."

Syphilis.

Extract from letter of P. J. MAXWELL, M. D., Columbus, Miss., July 10th, 1875.

"Your Elixir Iodo-Bromide Calcium Comp., is gaining ground. I am using it as an alterative in secondary and tertiary forms of syphilis, with marked success."

Bromo-Chloralum.

Extract from letter of E. E. DARRAGH, Eaton, Preble Co., Ohio, July 22, 1875.

"I am an undertaker and have used your Bromo-Chloralum for a long while. I find it the *best* preparation for preserving dead bodies that I have ever used. I believe I can keep the dead almost any length of time with it."

Letter from A. M. FOSTER, M. D., Lincolnville, Waldo Co., Maine, Sept. 20th, 1875.

I beg leave to add my testimony in favor of that inestimable preparation "Bromo Chloralum," when used to preserve dead bodies. Last year during the month of August, John A. Brackett, sexton in this village, was requested to attempt the preservation of a corpse till friends could arrive from New York. He injected all the cavities of the body with Bromo Chloralum, full strength, and also laid cloths saturated with it over the body, and by these means the body was remarkably well preserved for a period of five days, and the weather was very warm at the time. I could enumerate many instances where it has been of great service, but I deem the above to be sufficient proof of its power.

Extract from letter of T. F. RISK, M. D., Morgan, Pendleton Co., Ky., August 18, '75.

Gentlemen—"I have been using your preparations for the past three years, and in my humble judgment, believe that no American or European preparations excel them in quality. I have frequently been greatly provoked when using preparations which were recommended as being pure, only to find that they were of very inferior quality. I can conscientiously say that I have experienced no such difficulty since I have been using yours—in fact I find them reliable in every respect. The reputation of any practitioner, however talented or skillful he may be, depends, in great measure, on the quality of the drugs he prescribes. I can confidently say that any physician using your preparations can rest assured that they will give perfect satisfaction.

Gargle in Nursing Sore Mouth.

Dr. T. A. MITCHELL, of Vernon Junction, Richland Co., Ohio, proposes the following:

R Chlorate Potass.....	3 ii.
Acid, Hydrochlor.....	gtt. xl.
Creasoti.....	" x.
Alcohol.....	℥ ss.
Aque Bullient.....	℥ x. M.

Sig.—Gargle several times daily.

PAMPHLETS RECEIVED.

ASTEGINATISM, By J. H. BUCKNER, M. D., Cincinnati. Illustrative Cases from Clinical Memoranda. Read before the Ohio State Medical Society, June 18th, 1875. Robert Clarke & Co., Cincinnati.

THE EXTENSIVE WINDLASS, By CHARLES DENISON, M. D., Denver Col. Presented to the American Medical Association, May, 1875. D. Appleton & Co., New York.

PREVENTIVE MEDICINE, AN ADDRESS By CHARLES C. F. GRAY, M. D., Buffalo, N. Y. Delivered June 8th, 1875, before the Medical Society of Erie County. Boker, Jones & Co., Buffalo.

ANNUAL CIRCULAR AND CATALOGUE, BELLEVUE HOSPITAL MEDICAL COLLEGE.

TWENTY-SIXTH ANNUAL ANNOUNCEMENT OF LECTURES, Department of Medicine and Surgery, UNIVERSITY OF NASHVILLE, with a Catalogue of the Graduates of 1875.

SECOND ANNUAL ANNOUNCEMENT of the HOSPITAL COLLEGE OF MEDICINE, Louisville, Ky. Medical Department of Central University,

ANNUAL ANNOUNCEMENT of the ATLANTA MEDICAL COLLEGE, Atlanta, Ga., Session 1875-6; and Catalogue of GRADUATING, the CLASS of 1874-5, and of all Graduates of the Institution.

PROSPECTUS OF THE COLLEGE OF PHARMACY of the City of New York; Summer classes, 1875, and FORTY-SIXTH ANNUAL SESSION, September 27, 1875, to March 10, 1876.

ANNUAL CATALOGUE and Commencement of forty-fifth Session, of the ALBANY MEDICAL COLLEGE; MEDICAL DEPARTMENT OF UNION UNIVERSITY.

NINTH ANNUAL CATALOGUE of the Officers and Students of MASSACHUSETTS COLLEGE OF PHARMACY, 1875-76. Alfred Mudge & Son, Boston.

PHYSICAL DEGENERACY. THE RESULT OF AN ADVANCED CIVILIZATION, an address by C. A. WHEELER, M. D., before the Massachusetts Eclectic Medical Society, June 4th, 1875. John B. Sexton, Boston.

A REPORT ON TRICHINOSIS, By GEORGE SUTTON, M. D., Aurora, Ind., as observed in Dearborn Co., Ind. Reprinted from the Transactions of the Indiana State Medical Society, 1875.

ANNOUNCEMENT of the COLUMBUS MEDICAL COLLEGE, for the Session of 1875-6. Opens Wednesday, Oct. 6th, 1875, and closes March 1st, 1876.

Correspondents will oblige by writing plainly their names, Town, County and State. We are frequently unable to answer letters because these are omitted.

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NOVEMBER, 1875.

[No. 11.]

Communications.

DIGEST OF MEDICAL CASES AND TREATMENT.

BY JOSEPH BATES, M. D.

Guarana in Chronic Rheumatism.—Mr. E. A. RAWSON states, (*Irish Hop. Gaz.*, Apr. 15th, 1874) that when suffering severely from lumbago, and other remedies failing, he tried guarana. He took 15 grs. in hot water, with cream and sugar, and obtained entire relief from pain during 24 hours. When the pain returned, another dose produced the same result. He gradually increased the dose to 40 grains and took it regularly, once a day, for about a week. The lumbago disappeared. Gave up the guarana, and in a few days the pain returned. A 40 grain dose removed it, and it did not return for several days. Whenever it returns he has his remedy at hand. During the last month he has experimented largely with this agent on a variety of patients. The results vary. When the pain is acute, with sharp stings, guarana acts like magic; when of a dull aching character, the drug is slower in its action, and several doses must be taken before any decided benefit.

He comes to the following conclusion, viz., that whenever the fibrous envelopes of nerves, the aponeurotic sheath of muscles, the fasciæ or tendons are the parts affected, guarana gives, if not instantaneous, at least immediate relief, which will last from twelve

to twenty-four hours; and he confidently expects that perseverance in the use of the drug, gradually increasing the dose up to 40 grs., will entirely remove any of the above mentioned kinds of rheumatism. In conclusion he says:—"Of the good effects of guarana on nervous hemicrania there is no doubt; and I trust it will prove, in other hands, as valuable against rheumatism as it has in mine." (*American Jour. of Medical Sciences*, July, 1874.)

Sulphate of Zinc in the Treatment of Poisoning by Rhus Toxicodendron and R. Radicans, by C. H. HUMPHREYS, M. D., of Brandt, Miami Co., Ohio. The usual form in which he uses the sulphate is in solution in water, about $\frac{3}{4}$ ss. to aq. Oj, and direct the patient to bathe the part affected frequently. In every case (some twelve or fourteen in all) in which he has used the remedy the vesicles and inflammation rapidly disappeared, desquamation of the skin commencing usually in less than forty-eight hours from the first application of the lotion, and frequently a decided change occurring in twenty-four hours. He now uses no other application—as the patients assert that it gives speedy relief to the itching and burning.

CASE. A young man, æt. 16, has always been susceptible to the subtle influences of the rhus, 'getting poisoned if he only looked at his enemy,' as he expressed it. Both hands and wrists were inflamed, and enormously swollen.

In urinating he conveyed the poison to his penis, affecting the whole organ, and the scrotum, the lower part of the abdomen, and part of the thighs. The prepuce was swollen to the size of a common orange and distended with fluid, giving it almost a transparent appearance; there was phimosis, completely hiding from view the glans; the scrotum was enormously swollen. I was sorely tempted to puncture the prepuce, but decided to try the Zinc, which produced absorption of the fluid in thirty-six hours, and in forty-eight hours the skin was rapidly desicating, and in a few days all traces of the disease had disappeared."

The Dr. reports another case, a man 40 years of age poisoned with rhus. He was delirious, considerable fever, pulse 110, tongue thickly coated, bowels constipated, &c. Upon the face was an eruption of an erysipelatous nature, and from the amount of constitutional disturbance the Dr. was led to believe it a case of facial erysipelas, until informed by the patient's wife that a few days previous, while in the woods, he had come in contact with poison-oak, and upon returning home remarked that he would again be

poisoned, that it shortly did make its appearance, first upon the nose, thence spreading over the cheeks and eyes. The inflammation had extended over the forehead and into the scalp, both eyes were very much tumefied and pitted on pressure, and the patient's features were so much disfigured that he was not at all recognizable. The Dr. gave him a free purge, and zinc sulph. $\frac{3}{4}$ j. in aqua Oiss, to sponge his face with every hour during the day and a few times through the night. In two days he found his patient walking about the house, and feeling quite well. The œdema about his eyes had nearly disappeared, and desquamation of the epidermis from his face was proceeding in the usual manner. (*Amer. Jour. of the Medical Sciences*, July, 1874.)

Treatment of the Diarrhœa of Typhoid Fever.—Dr. GEORGE JOHNSON makes (*Practitioner*, Jan., 1875.) very good remarks on this subject. His conclusions are that in the treatment of typhoid fever careful nursing and nutrition are of primary importance, and, as a general rule, no medicine is required. The result of this treatment has shown that diarrhœa and tympanitic distention of the abdomen are less troublesome. As a rule, a fever patient has the 'yellow mixture,' which is simply colored water, and except an occasional dose of chloral to procure sleep, and a tonic during convalescence, he gives no active medicines of any kind. He gives his patients mainly milk, with the addition of beef-tea and two raw eggs in the twenty-four hours, and wine or brandy varying in quantities according to the exhaustion. In many of the milder cases, especially in the case of children, he finds that no alcoholic stimulants are required from the beginning to the close of the fever.

The Dr. remarks, that it is admitted on all hands that the greatest care is required in returning to solid food during convalescence; a want of caution in this respect has often been followed by a return of pain and diarrhœa, and not seldom by a decided relapse. The diarrhœa in this fever is in all probability often increased by the patient's inability to digest the beef-tea and eggs which are sometimes too abundantly given.

When there is reason to suspect this, he advises to keep the patient for a few days entirely on milk. In many cases of Bright's disease a milk diet is very efficacious, but one of the inconveniences in some instances is its tendency to cause troublesome constipation. Dr. J. states that in many cases of chronic diarrhœa and dysentery, milk diet will effect a cure without the aid of medicines of any

kind. For the reason, then, that milk has this anti-laxative and even constipating effect in various morbid states, it is, when given alone, one of the best antidotes for the diarrhœa of typhoid fever. From Nov. 1, 1873 to Oct. 31, 1874, Dr. J. had under his care in the hospital twenty-nine cases of fever; fifteen typhoid, and fourteen typhus. Some of the cases have been very severe, but all have been discharged well; not one death has occurred. He adds:—"This very satisfactory result, I attribute mainly to the admirable nursing which our patients receive, and to our abstinence from mischievous medication." (*Amer. Jour. of Med. Sciences*, Apr. 1875.)

Antagonism of Atropia and Morphia.—Dr. COUZIER communicated to the Société de Thérapeutique a case of poisoning by atropia treated by enormous doses of morphia. A girl, aged 26, swallowed five centigrammes of sulphate of morphia. Furious delirium, aphonia, collapse, enormous dilation of the pupil followed. Dr. COUZIER, in the course of a few hours, injected seventy centigrammes of the chlorhydrate of morphia. The next day the patient was out of danger. (*Amer. Jour. of the Medical Sciences*, Apr., 1875).

Indiana Journal of Medicine, June, 1875, Rev. G. L. CURTISS has a paper on insanity published in this Journal, that commends itself; and has many points of merit. From it I quote the following:—"Insanity is, to a very great degree, a disease of high civilization. Among the untutored sons of Africa, the savage tribes of North and South America, and the cannibals of the South Sea Islands, insanity is rarely found. And well may this be, since the brain is seldom taxed with severe mental effort in developing the arts and sciences, or financiering so as to keep soul and body from a violent divorce.

Dr. LIVINGSTONE found but two instances of insanity among the tribes of Africa visited by himself, and yet one of the Backwins, who was to accompany him to Europe, became insane from the throng of new ideas which oppressed him, and committed suicide on board ship."

"It will require a score or more of years of careful study, and industrious research in hospitals, courts and dissecting rooms to understand the pathological characteristics of mental disease. Since insanity is a mental as well as physical disease, it must also be studied by the mental philosopher. If investigations cease at this point, the conclusions will be more or less erroneous. Since

there is also a moral quality attached to moral aberation, coloring the person's acts to all eternity, the moral philosopher must give it the most searching and logical examination, as in the light of revelation. Can it be possible that on so all-absorbing a topic, there is no mention of it in God's Word?"

In the Proceedings of the Obstetrical Society of Boston, March 13, 1875, Dr. SINCLAIR said that it was his custom to give a drachm of the fluid extract of ergot immediately after the delivery of the placenta, in order to contract the uterus and to obviate the continuance of after-pains. Pains, it is true, are sometimes intensely increased after ergot, but for a much less time than if the ergot had not been given. One may thus bring about in a short period what takes days in the ordinary way, namely, the contracting of the uterus, the squeezing out of its contents. (*Boston Med. and Surg. Jour.*, July 15, 1875.)

Antidote to Carbolic Acid.—A German contemporary affirms that the best antidote to carbolic acid is saccharate of lime, obtained by the solution of sixteen parts of sugar in forty parts of water, to which is added five parts of caustic lime. The solution should be filtered and evaporated to dryness. It is then easily soluble. (*The American Medical Weekly*, Louisville, Ky., May 1, 1875.)

Quinine in Uterine Conception.—J. S. WETHERLY, M. D., Montgomery, Ala., says that he has been prescribing quinine for the last twenty-five years, and he is satisfied that it will much oftener arrest uterine action than it will produce it. He does not mean that it will control active labor pains, but in those irregular or neuralgic pains which are frequently produced by malarial poisoning, a full dose, or several full doses, will almost invariably arrest them, just as morphine will do under the same circumstances.

The woman rests, and also the womb; and he adds, if it is about her full time, when the pains return, she will probably be delivered without pain and immediately. Reasoning from wrong premises, it is announced that quinine or morphine has acted as an ecbolic, when in fact, the action has been the very opposite. Dr. W. reports cases in this paper, one of which I will use as a typical illustration.

CASE. "About two years since a professional friend asked me to see his wife, stating that she had been suffering from an attack of intermittent fever for about ten days; that she had miscarried several times at or about the seventh month, and that she was now

very seriously threatened with premature labor. He also said that he had refrained from the use of quinine during this attack of fever from the fact that he believed it excited uterine contractions. He and his wife were both anxious that she should go to full term and be delivered of a living child. Instead of quinine, he had been using morphine freely, also chloral, and some domestic remedies for the purpose of preventing the daily occurrence of the chill and fever, none of which were, however, successful, and the exacerbation came on regularly every day, and with each exacerbation an increase of uterine pains. On seeing the patient, I found her with high fever, very restless, notwithstanding, that she was completely under the influence of opium. Strong uterine pains were on every few minutes. On inquiry, I found that these pains came on with every exacerbation of fever, but that they were much more severe on that evening than any time previous. She informed me herself that she knew she was in labor. It was now 8 P. M., and I found uterine pains coming on very regularly every five or six minutes. On making an examination per vaginam, I found the os uteri dilated to the size of a silver half-dollar, soft, and still dilatable. I felt the child's head presenting covered by the membranes, I gave it as my opinion that the only agent that would be likely to prevent a premature delivery was quinine. Two other physicians were present with the husband, all entertaining the same opinions as to the ecbotic effect of quinine. They all objected to my prescription at first, but finally consented that I should have my way that night. I consequently ordered

R Quinine.....grs. xx.

Extract Hyos.....grs. iv.

To be divided into two powders; one to be given at 12 o'clock at night, and the other one at 6 next morning. She took the prescription as directed, and the next day she had no fever or pains. The following night the same prescription was repeated, and three grains of quinine ordered every morning afterward until frost. She had no more trouble, came to full term and was delivered of as fine a specimen of a boy as I ever saw. I feel perfectly sure that this lady could not have had another paroxysm of fever without delivery having taken place." (*Atlanta Med. and Surg. Jour.*, June, 1875.)

Cantharidal Strangury.—L. E. STARR, M. D., says in the *Atlanta Med. and Surg. Jour.* of June, 1875, that strangury will

be avoided in the use of the fly blister by moistening the plaster, just before applying it, with alcohol, no matter how fresh the cerate. He states that he has never had a single case of strangury following a blister thus moistened.

Ipecacuanha in Intermittents.—By A. A. WOODHULL, assistant Surgeon U. S. Army. The author of this interesting paper publishes several cases of intermittent fever successfully treated with ipecacuanha. Dr. W.—says:—"In a recently published paper (*Atlanta Med. and Surg. Jour.*, Feb.-May, 1875.) upon the use of large non-emetic doses of ipecacuanha in certain intestinal affections, I ventured two or three hypotheses. The most important of these is that that drug is a nervous stimulant, especially as to the ganglionic system, and is therefore indicated non-emetically in the correction of various trains of symptoms that may follow a depressed condition of the sympathetic. It was also suggested that, as that system may be intimately involved in the paroxysmal fevers, ipecacuanha may prove useful in them, and, while certain well-known practice in that direction was referred to, farther observations were called for. As a contribution to the subject, the following is offered as so much clinical material. To restrain this paper within reasonable limits I shall not be able to detail all my experience, but I invite attention to the particulars as far as given, and to the summary. The cases were treated experimentally. The object steadily kept in view an examination of the influence of ipecacuanha over malarial poisoning, and therefore neither adjuvants nor substitutes were used, nor was uniformity in the doses preserved." The Dr.'s subsequent remarks, and cases reported, are replete with interest, but for want of room I must cut it short by reporting one case only, and the reader can draw his illustration from that.

CASE. "C. S. E. returned from Alabama on the night of 30th Nov., 1874. The attending medical officer gave this history of him. Seven or eight weeks ago he was attacked with well marked tertian intermittent, for which he took sixteen grains of quinine. This stopped the chills, and for a week he took pills each containing two grains of quinine and sub-carbonate of iron and one-thirtieth of a grain of arsenic. He ceased taking this, contrary to orders, and the ague returned in a few days. Sixteen grains of quinine again suppressed it, and he continued taking the pill above described until 25th November, when he had a well-marked chill. On 26th he took twenty-four grains of quinine and, the company

marching, received no more medicine. 5th December.—Reported at sick call, asserting that he had had a severe chill, lasting two hours, at three o'clock the previous afternoon, followed by a fever for several hours. Admitted to hospital at once, and given one grain of ipecacuanha every six hours. Temp., 7.30 A. M., 97 3-5; 2.30 P. M., 97 4-5; 4. 102 1-5; 8.30 101 4-5. This was not the chill day, but he had a light chill from 4 to 5.30 P. M., not recognizing any fever.—6th. To take one grain every four hours, to-day, Temp., 7 A. M., 98; 1 P. M., 98; felt well till 4 P. M., when a light chill, lasting between thirty and forty minutes occurred. Temperature during the chill 98 2-5 (this was carefully observed); at the beginning of the fever 103 2-5; 6 P. M., 104 1-5; Although this was the regular day for the chill he had no abnormal sensation, the thermometer alone indicating a derangement. He took two grains every three hours this day.

9th. Treatment continued. A careful thermometrical watch was kept for the chill, but there was no indication of it, and he said that he felt better than he had for a long time. Tem. 7 A. M. 97; 9 A. M., 98 2-5; 4 P. M., 98 2-5; 7 P. M., 99.

11th. Returned to duty, and directed to take one grain of ipecacuanha every six hours for three weeks, and to report any indication of ague.

11th Jan. 1875. E. reports he has taken no medicine for a fortnight; that on 9th he had a chill, and that he also had one to-day. For some time he has been daily exposed to cold and wet as a quarter-master's laborer. Given one-grain pills with directions to take two every four hours and to report promptly if not better. He also was relieved from extra-duty as a laborer and was returned to ordinary military duty.

There was no further trouble with this case, which was regarded by the officer first treating it as peculiarly obstinate and as well suited to test the anti-periodic powers of the drug." (*Atlanta Med. and Surg. Jour.*)

In the *Detroit Review of Medicine*, March, 1875, Dr. CONNOR speaks of ergot as arresting capillary hemorrhages. He mentioned the case of a patient who was brought to the hospital, almost exsanguinated and pulseless from pulmonary hemorrhage. Under the administration of fluid extract of ergot, in 20 drop doses, every two hours, the hemorrhage completely ceased.

As a result of clinical evidence Dr. ANSTIE pronounces ergot the best hæmostatic we have in use.

Grindelia Robusta in Asthma.—Q. C. SMITH, M. D., Cloverdale, Cal., has reported a very distressing case of asthma cured by *Grindelia Robusta*. (*Pacific Med. and Surg. Jour.*, April, 1875.)

PHOSPHIDE OF ZINC.

BY A. F. PATTEE, M. D., BOSTON.

For the Journal of Materia Medica.

Phosphide of Zinc, Zn_3P_2 , is prepared as follows : 2 parts zinc oxide, 1 part Anhydrous Phosphoric and 7 parts Charcoal are placed in a retort and a strong heat is applied, the phosphide collects in the neck of the retort as a black crust, when pounded it has a dark steel grey color with a metallic lustre, insoluble in alcohol, or water, dissolves in acids and phosphuretted hydrogen, and a salt of zinc is produced.

It is well when giving zinc phosphide to follow each dose with some acid drink.

Phosphide of Zinc presents a convenient and safe means of procuring the therapeutic effects of free phosphorus.

It well shows the power of phosphorus in certain painful affections of the nerves and various morbid conditions of the system.

Neuralgia.—This disease is essentially one of nervous debility. Any habit or pursuit which has a tendency to exhaust the nervous force, renders the individual peculiarly susceptible to neuralgic attacks.

In this disease phosphide of zinc exerts marked effect, producing a restorative influence upon the nervous centres and branches seldom witnessed by other remedies, and its curative effects upon exhausted nerve tissues, is worthy of all consideration. One-tenth to one-half a grain repeated every two to three hours in pill form, made up with flour and simple syrup and sugar-coated, is the most eligible manner of administration, the stomach tolerates the medicine well and I have never witnessed any unpleasant results from its use. If the stomach is in an irritated condition the phosphide may cause nausea and sometimes vomiting, with much offensive eructation of phosphuretted hydrogen, these symptoms know no relation to the symptoms resulting from a course of solid phosphorus or that of the oil. They are in all probability caused by the irritation of the mucous membrane by the phosphuretted hydrogen. During the continued use I have observed a slight

tremor of the muscles but in a degree noticed by Dr. I. ASHBURTON THOMPSON, "*Free Phosphorus in Medicine*, page 9, 116."

Nervous Exhaustion or general nervous debility is usually associated with functional derangement in some one of the important organs. The patient in irritable, has feelings of alarm, confusion of the mental faculties, uncertainty of memory, has wakeful nights, a general feeling of weakness, although there is no wasting of muscle there is a marked weakness of the spinal muscles as indicated by the leaning and stooping posture of the patient, and tottering gait.

In this condition we have great nervous and mental depression, pain and weariness through the body. Under the influence of the zinc phosphide the appetite is increased, the digestion is improved, nutrition begins to show its effects upon the muscles, brain and nerves. Accordingly we find patients who were so feeble that even a short ride or walk occasioned fatigue and who were signally deficient both in the will and capacity for exertion, soon begin to develop under the treatment, an activity and vigor that is sometimes surprising.

Zinc Phosphide can be combined with other drugs, with good advantage, excepting acids.

The following pill I have found invaluable in Chorea:

R Phosphide of Zinc.....gr. x.
 Alc. Ext. Cimicifuga....." xxv.
 " " Hyoscyami " xx.

M. ft. pil. no. L.

Sig. One to two pills three times a day, for a child twelve years of age.

Spinal Irritation.—As the faculties of the spinal cord are built up by organization so must they be kept up by due nutrition. If not so preserved in vigor—if exhausted by any means ill effects are manifest in degenerate action, therefore spinal irritation is in fact a mal-nutrition.

The differential diagnosis between spinal irritation and spinal congestion or inflammation is one, purely of degree and effect.

The following pill has proved curative in a number of very stubborn cases.

R Phosphide of Zinc.....gr. x.
 Phosphate of Iron....." lxxx.

Quinine,.....	gr. xl.
Alc. Ext. Hyoseyami.....	" xxx.
" " Belladonna.....	" xii.

M. ft. pil. no. L, and sugar-coat them.
Sig. One pill every four hours.

DOSES OF CERTAIN REMEDIES FOR HYPODERMIC MEDICATION.

BY PROF. VON SCHROFF, JR.

If it is intended to give an accurate dose, it is first necessary to know the exact capacity of the syringe to be used. To this end, it will suffice, once for all, to find out the real weight of the syringe, on a delicate and correct scales, before the instrument is filled, and compare the weight after it is filled with distilled water—the average temperature of which should be 15°—17°C. (59°—62.6°F.) Thus we get the capacity of the syringe for distilled water at a given temperature, and are enabled thereby to make precise calculations for other liquids, which differ greatly from distilled water in specific weight. Experience tells us how unreliable is the measure of syringes—even of those which are made by the best manufacturers; and as the precisest exactness is often necessary—especially in the administration of heroic remedies—the above recommendation concerning the correction of the capacity of the syringe in a plain and easy way will be appreciated.

We annex a table of certain articles for a syringe that is divided into ten equal parts [of one line each], and the full capacity of which syringe is exactly one gramme of distilled water. From this table, larger or smaller proportions can be easily calculated:

Sulphate of Atropia.—Dissolve .06 gramme [9-10ths grain] of atropia in 30 grammes [493.2 minims] of water [about 1 grain atropia to f 3 ix of water]. One syringeful of the solution contains .002 gramme [about 1-32 grain] of atropia. The tenth part of a syringeful [one line], therefore, contains .0002 gramme [1-320 grain] of atropia. If, for instance, it is intended to inject .001 gramme [1-64 grain] of atropia, inject 5 lines, or one half of the syringeful.

Aconitia.—Make a solution of 1 gramme [about 1½ grains] of aconitia—made soluble by the addition of a few drops of a solution of an acid salt—in 10. grammes [164 minims] of water

One syringeful contains .01 gramme [about 1-6th grain] of aconitina. One line of the syringeful represents .001 gramme [1-60 grain]. Inject from 2 to 5 lines [1-30th to 1-12th grain] of aconitina.

Solution of (Caustic) Ammonia.—Two grammes [about 3 ss] should be diluted with about 3 three times its amount of distilled water. It is the remedy to be employed in aconite poisoning (Richardson); in cases of chloroform narcosis (Neild); and for the bites of snakes, &c. (Bettelheim).

Nitrate of Silver (Crystals).—Dissolve 1 gramme [grain iss] in 200 or 300 grammes [f 3 viss or x] distilled water. It is used as an injection in cancerous tumors. Inject one or two syringefuls; and immediately afterwards inject an equal amount of a solution of cooking salt, [of the strength of about 1 grain to 3 ij distilled water].

Hydrochlorate of Apomorphia.—Always use a freshly prepared solution.* Dissolve .06 gramme [9-10ths grain] in 6 grammes [about f 3 iss] of distilled water. Inject from 7 lines to a syringeful [about 1-20th to 1-15th grain of apomorphia].

Bromine.—Used in hospital gangrene. Dissolve one part in twenty parts of water. Inject around the gangrenous sores at distances of one-half to three-quarters of an inch apart.

Camphor.—Dissolve 1 part in 12 parts of alcohol. Inject one syringeful, which contains .12 gramme [about 1½ grains] of camphor. It is used as an excitant in collapse, cholera, &c.

Carbolic Acid.—Dissolve 1 part in 200 or 1000 parts of water or oil. Inject one syringeful [from 1-12th to 1-60th grain of the acid]. Recommended in parenchymatous inflammations, diphtheria, &c.

Sulphate and Muriate of Quinia.—Dissolve 2 grammes [3 ss] by the aid of 1.4 grammes [about 20 minims] of hydrochloric acid, in enough distilled water to make 8 grammes [about f 3 ij]. One syringeful represents .25 gramme [about 3 3-4th grains] of quinia. Still better than the sulphate, for hypodermic use, is the muriate of quinia, in the above proportions, because it is more soluble in water.

Chloral-Hydrate.—Dissolve 5 grammes [about 3iv] in 5 grammes [a little less than f 3 iss] of distilled water. One to four syringefuls [grains xv to 3 i chloral] may be used at a time. It causes a local though a mild inflammation.

Muriate of Codeia.—Dissolve .05 gramme [about 3-4ths grain] in 6 grammes [a few minims more than f 3 iss] of distilled water.

A syringeful contains .0083 gramme [about 1-16th grain] of codeia. Inject 6 lines, .0048 grammes [about 1-27th grain] of codeia.

Caffeine, Pure, and Citrate of C.—Dissolve 5 grammes [$7\frac{1}{2}$ grains] in 5 grammes each [*aa* about 85 minims] alcohol and distilled water. One line of the syringe represents .005 gramme [about 1-13th grain] of caffeine. Inject from 3 lines to 1 syringeful [from $\frac{1}{4}$ to $\frac{1}{2}$ grain].

Digitalin.—Dissolve .06 gramme [9-10ths grain] in a mixture of alcohol and distilled water, *aa* 3 grammes [about 50 minims of each]. One line of the syringe contains .001 gramme [about 1-65th grain] of digitalin. Inject from one-half to one line] 1-130th to 1-65th grain of digitalin].

Emetin.—Now unnecessary, that we have apomorphia.

Aqueous Extract of Opium.—Dilute with an equal amount of distilled water. Take, for instance, 3 grammes each of the aqueous extract of opium and of distilled water. Inject from $\frac{1}{2}$ to $1\frac{1}{2}$ lines, representing .025 to .075 gramme, [2-5ths to 1-5th minims].

Extract of Ergot (Ergotin).—Dissolve 2.5 grammes [about \mathfrak{D} ij] in 7.5 grammes each [about 3 ij. *aa*] of alcohol and glycerine. Inject from $\frac{1}{4}$ to 1 syringeful [about 1 to 1-3-4ths grains].

Bi-chloride of Mercury (Corrosive Sublimate).—Dissolve .25 gramme [about gr. iv.] in 30 grammes [about $f\frac{3}{4}$ i] of water. Inject 9 lines [about 1-50th grain], or at most 1-6th of a grain.

Iodide of Potassium.—Dissolve 5 grammes [about \mathfrak{D} iv] in 15 grammes [about $f\frac{3}{4}$ ss] of water. Inject one syringeful, containing 2 gramme [grains iij] of the iodide of potassium.

Acetate, or better, Muriate of Morphia.—Dissolve 1 gramme [gr. iss] in 5 grammes [a little less than $f\frac{3}{4}$ iss.] of water. (If the acetate of morphia be used, add one drop of dilute acetic acid). A syringeful represents .02 gramme [$\frac{1}{2}$ grain] of morphia. Inject from $\frac{1}{4}$ to 1 syringeful [1-12th to $\frac{1}{2}$ grain of morphia].

Hydrochlorate of Narceia.—Dissolve .06 gramme [9-10th grain] in 4 grammes [$f\frac{3}{4}$ i] of water. (Make the solution warm before using it, as otherwise a part of the salt will crystalize). One syringeful contains .015 gramme [about 1-5th grain] of narceia. Inject from 7 lines to 1 syringeful [1-16th to 1-5th grain] or even more if circumstances require.

Nicotin.—Dissolve .02 gramme [$\frac{1}{2}$ grain] in 5 grammes [a little less than $f\frac{3}{4}$ iss] of water. One line of the syringe contains .0004

gramme [1-150 grain of nicotin]. Inject $2\frac{1}{2}$ line, equal to .001 gramme [1-60th grain of nicotin].

Nitrate of Strychnia.—Dissolve .1 gramme [gr. iss] in 10 grammes [f 3 iiss] of water. One syringeful contains .001 gramme [1-65th grain] of strychnia. Inject 1 to 6 lines, equal to .001 to .006 grammes [1-65th to 1-11th grain] of strychnia.

Tincture of Cannabis Indica.—Dilute with an equal quantity of water. Inject from 3 to $7\frac{1}{2}$ lines, (equal to $2\frac{1}{2}$ to 6 minims of the tincture.)

Veratria.—Dissolve .05 gramme ($\frac{3}{4}$ grain) in 5 grammes *aa* (a little less than *aa* 3 iss) of dilute alcohol and water. Inject $2\frac{1}{2}$ to 3 lines (1-50th to 1-20th grain of veratria.—*Virginia Medical Monthly*, August, 1875.

HEPATIC COLIC CURED BY CHLOROFORM.

BY Q. C. SMITH, M. D.

In order to give the "pith and point" of this case as briefly as possible, we will merely present the outlines, leaving the dates and other minutiae to be filled in by the imagination of the reader.

About seven months since we were called to treat the case of a gentleman about sixty years of age, who had been affected about twenty-five years, with pain, enlargement and induration of the liver.

He had, at times, more or less frequently, suffered from paroxysms of Hepatic Colic. During the last few years his hepatic troubles had rendered his life miserable, most of the time.

We found him suffering a severe paroxysm of Hepatic Colic; skin and eyes intensely jaundiced, urine dark and smoky looking, liver greatly enlarged, tender and indurated. We ordered twenty grains of ipecac, and half-tablespoonful doses of chloroform every hour, until the paroxysm should be relieved. Two doses of the chloroform and one of the ipecac, (which did not cause emesis,) were sufficient. We then instituted such treatment, constitutional and otherwise, as is recommended by standard authorities—Flint, Watson, Trousseau, &c., and ordered the chloroform to be given as before, should another paroxysm occur. Despite our efforts, the paroxysms continued to recur, more or less frequently, for about three weeks, generally from one to three days apart, and often so severely as to cause syncope.

Beginning to think the case *incurable*, and believing it our duty to let him die as easy as possible, if die he must, as a *dernier resort*, we resolved to try the anodyne and antispasmodic powers of chloroform, to their full extent.

We ordered half a tablespoonful of chloroform, in a little water, every two hours, until pain was entirely relieved, and then continued it as often as necessary to keep him stupefied. We saw him daily, and continued the chloroform treatment, and also moved the bowels freely, with large doses of elaterium, (nothing milder would move them,) for three days and nights, then gradually ceased to give the chloroform and allowed the patient to regain his natural status. We had watched carefully from the beginning, for biliary calculi, but found none until the last alvine evacuations, during the chloroform stupefaction, when a large number were passed, but none larger than a common garden pea. No more paroxysms occurred.

Our patient was now prostrated to an extreme degree; unable to speak above a whisper, and only a few words at a time. Pulse sixty to seventy; temperature normal. During the chloroform stupefaction, the urine was as clear as spring water—the *nervous* urine of pathologists.

We now ordered a mild, pleasant tonic, of muriatic acid and bark, and left off the use of all other medicines, with directions to resume the chloroform should the paroxysms show a disposition to return.

Under the tonic treatment he slowly improved; the secretions and excretions became normal and regular, the skin cleared up and the appetite returned. The bowels moved regularly without a purgative, a condition that had not existed for years before, and the alvine evacuations were of good appearance. He continued slowly but steadily to improve, under the aforementioned tonic treatment, for about six weeks; was then able to walk out in the yard, and ride short trips in a carriage. At this juncture a looked for and dreaded complication appeared—dropsical effusions in the extremities. The patient's legs and arms swelled from anasarca up to his body, and were quite painful, especially during the day, when he moved about.

We continued the tonic treatment; ordered him to scrub his whole person with soap, and cool water fresh from the fountain, twice a week, paint the extremities with iodine daily, and drink as

much strong decoction of Elder Root bark as his stomach would bear. Under this treatment the dropsical effusion and hepatic troubles entirely disappeared in a few weeks. And now, despite the advanced age of my patient, he cuts, saws and splits wood daily, in the forest, and declares he is a sounder man than he has been for twenty-five years.

Let us accord merit when merit is due, and score one for chloroform, while so many are being scored *against* it.—*Pacific Med. and Surg. Journal*, September, 1875.

TRICHINOSIS.

From a report on Trichinosis, read before the Indiana State Medical Society, by GEORGE SUTTON, M. D., Aurora, Ind., we take the following:

Thus we see the subject of trichinous pork is one of great importance; important in a commercial point of view, important to the agriculturalist; important as an article of food, in affecting the health of the community, and consequently important to the physician; important to the sanitarian; and these little parasites themselves are not only an important but highly interesting, subject for investigation to the zoologist: for when we consider their minuteness, their wonderful vitality, their rapid development in numbers and rapid diffusion throughout the muscular system, the millions drawing their vitality from the body which they pervade, and then entombing themselves in the muscular system to lie in a dormant state an indefinite period, or until they are again introduced into the stomach of a living animal, the proper habitat for their resurrection, they certainly must be regarded as among the wonderful things in nature, and must become, not only of interest to the naturalist, but well worthy of careful investigation by the medical profession.

From the facts which have been presented we draw the following conclusions:

First. That the cases of trichinosis that came under our observation in the city of Aurora, Indiana, were produced from eating uncooked pork in the form of smoked sausage—a mode of eating this meat common to our German population.

Second. That we reiterate what is already known: that it is only by thoroughly cooking the meat that the vitality of trichina.

can be destroyed, and that eating smoked or dried pork uncooked, in any form, or the partially cooked ham used in the form of sandwiches, common in eating houses, is attended with danger.

Third. That from microscopic examinations of pork killed in south-eastern Indiana, we have found from three to sixteen per cent. of the hogs affected with trichina—the number of hogs diseased varying greatly in different localities.

Fourth. That over five millions of hogs are slaughtered and packed in the western states, not including those which are put up for family use by the farmers; that if four per cent. of this pork is diseased, which we believe to be a low estimate, we have two hundred and twenty-one thousand four hundred and eighty-four diseased hogs put annually upon the market; or, at an average of two hundred pounds to the hog, forty-four millions two hundred and ninety-six thousand eight hundred pounds of diseased meat, every ounce of which, under favorable circumstances, is capable of producing disease.

Fifth. That from the cases of trichinosis that came under our observation, and the post-mortem examinations, and the effects upon the dog that was fed on the diseased meat, we have come to the conclusion that ninety per cent. of disease produced from eating trichinous pork appears either as gastro-enteritis, or as a diarrhœa or dysentery, and not more than ten per cent. as the fully developed form of trichinosis in which the muscular system becomes affected.

Sixth. That as diarrhœa, dysentery and enteritis rank high as causes of mortality in the United States—these diseases causing thirty-one thousand one hundred and fifty-three deaths in 1870, as shown by the last census reports—and as we have seen that a large amount of trichinous pork, capable of producing these diseases, is amongst the principal articles of food in our country, we think it more than probable that trichina have a much greater influence in the etiology of this class of diseases than has been recognized by the profession.

Seventh. That it is highly probable that when the fact becomes more generally known, that so large a per cent. of pork is swarming with trichina capable of producing disease, that it may have an effect upon the use of this meat, and consequently affect the sale, to some extent, of one of the principal articles of commerce in the west.

Eighth. That as pork is the principal animal food of a large portion of the population of the United States, the subject is of great importance—important to the agriculturist; important to the sanitarian, as affecting the health of the community; important to the physician, and not only important, but highly interesting as a subject of investigation to the zoölogist.

Ninth. That as is stated in one of our medical text books, that "hog cholera" and trichinosis are supposed to be the same disease, we have ascertained beyond all doubt, by careful microscopical examinations of the flesh of hogs that had died with unmistakable symptoms of hog cholera, that the two diseases are entirely distinct.

PHYTOLACCA IN MASTITIS.

BY L. ALEXANDER, M. D., OF YORKVILLE, S. C.

As the advancement of our profession is, in a measure, due to the interchange of views, through the medium of medical journals, and feeling it the duty of every practitioner to place in the hands of his brother chip (after due trial) all new remedies, I herewith give a brief statement in regard to *phytolacca decandra*, believing that in it we have a most potent remedy in all mammary inflammations.

CASE 1.—Mrs. F., whilst nursing her sixth child, suffered for several days with pain, more or less severe, in both breasts. Thinking that all would probably end well under the use of domestic remedies, medical advice was not solicited until the morning of the 8th day. Having been warned by a severe chill the previous night, she concluded that a physician should be summoned. Upon my arrival I found the patient suffering with high fever. The mammary glands were much distended, and bowels constipated. She was suffering great pain and mental anxiety. She was thoroughly convinced that no means could avert the impending trouble, and insisted that poultices should be applied to encourage pointing. I prescribed a saline aperient, followed by the fluid extract of *phytolacca decandra*, in 15 drop doses, every three hours. At my next visit, the following day, I found the glands soft throughout; no pain, and the mind greatly relieved in regard to the matter.

Called again on the 14th. Found same condition as at first. Continued prescription as before, with like result.

On the 21st, while on a visit to her mother, the same difficulty arose for the third time, and as it was not convenient to procure the above medicine, our old remedies were brought into play, which, after a few days of fruitless efforts to abate the suppurative process, compelled a resort to the lancet.

CASE 2.—Mrs. C., now nursing her fourth child. With each of her first three children all efforts to allay inflammation of the breast proved useless. The lancet was consequently used, leaving her health much impaired. With this last child, immediately upon the appearance of hardened nodules in the breast, *phytolacca decandra* was prescribed, as in Mrs. F.'s case, with entire relief in about 36 hours. She now keeps the medicine in the house, and fears no further trouble from that source.

In each of the above cases the quantity of milk was greatly lessened by the remedy.—*Amer. Med. Jour.*, September, 1875.

USE OF WATER IN TYPHOID FEVER.

Dr. A. Luton, of Rheims, submits the patient to an *absolute* diet. The only drink permitted is water, which may be cooled with ice, and any quantity is allowed. At first the water is drunk with avidity, then with moderation, and at last with a certain degree of satiety. It is sometimes vomited at the commencement, but tolerance is soon established. Under its influence, the stools are at first quite abundant, then they become less frequent, are less fetid, and finally there is constipation.

The duration of the treatment is subordinate to the general progress of the disease, varying from four to eight days, taking the fever as it usually runs. In treating the *enteritis*, however, for which the remedy is especially intended, three or four days may suffice, after which the alimentation is gradually improved.

The theory of this treatment is easy to comprehend. It depends upon the fact of the rapid alteration of the alimentary substances, and especially of the sugars and feculæ in contact with the diseased surfaces, and the products which play the *role* of ferments, which they furnish. Acid, acid, and putrid substances result from this alteration, and increase the inflammation of the stomach and intestines.

These decompositions may be artificially produced by immersing animal membranes, a piece of typhoid-fever intestine, for instance, in a saccharated fluid. Alcoholic fermentation immediately commences, and in regular course follow the acetic, lactic, or butyric, and putrid fermentations. These take place at the ordinary temperature; how much more rapid must they be in the diseased digestive passages where the temperature is so elevated!

By simply depriving the patient of food and sweetened drinks, this cause of irritation is suppressed, and the ferments are destroyed by inanition, their natural aliment being cut off.

The present method is applicable to the various cases of acute enteritis, and especially typhoid enteritis. In the hands of Dr. Luton the exclusive use of cold water as a drink, united with a rigorous diet, has become the best treatment of typhoid fever itself. The putridity, the subsequent adynemia, the visceral congestions, the sloughs of the sacrum, and the fuliginous condition of the mouth, all cease, as if by enchantment, whatever may be the theory.

The indications which may arise in each case should be fulfilled. Thus, at the commencement, if there should be much gastric trouble, an emeto-cathartic should be prescribed; in the pseudo-intermittent stage, sulphate of quinine; a fatiguing cough is checked by bromide of potassium in cherry-laurel water. As the general condition of the patient improves, the diet may be gradually improved. Give at first milk in small quantities, then broths, and at last meats and wine, if no relapse occurs.—*Buffalo Medical and Surgical Journal*, August, 1875.

EXTERNAL TREATMENT OF SCARLATINA.

BY DR. J. MUIR.

The article of Dr. W. E. WHITEHEAD, of the U. S. Army, on the treatment of Scarlet Fever, copied in the last issue of the *Canada Lancet* from the *Pacific Med. and Surgical Journal*, presents some features, in reference to which a certain diversity of professional opinion appears to exist. I refer more particularly to the *external* treatment therein advocated. The application of water (cold, tepid or warm,) to the surface of the body, and inunction, at intervals, with various fatty substances, form the two proceedings which most extensively obtain, and to which, in the present communication, I shall for the most part, limit myself.

And, that we may view both sections of the subject on their merits, and according to testimony adduced, I prefer that our consideration of them should be separate and distinct. Trousseau, Niemeyer, Liebmeyer, Watson, Tanner, Flint, Wood and many other acknowledged medical authorities give a very prominent place in their works to the external application of water, at different degrees of temperature, in the treatment of Scarlatina. Flint appears to favor the *wet pack* of the hydropathists, (1) while most of the others esteem a simple bath as equally efficacious. Mere sponging, however has its advocates, and the somewhat heroic cold douche or affusion is not without its friends. Perhaps to Priessnitz, in some measure, are we indebted for the more extended introduction of water as a remedial agent in Variola, Scarlatina and Rubeola. (2). But, while not a few of our most eminent medical teachers enjoin its employment, I find there are some practitioners who regard the proceeding as utterly valueless, and others who condemn it altogether. With those who ignore its claims to general acceptance, I think Sir Wm. Jenner may be classed, as his latest published clinical lecture makes no mention of it whatever, (3). Of the extremists who not only deny its utility, and regard its use with apprehensions almost hydrophobial, Dr. Sweeting, of Stratford, England, may be accepted as the leader, though his following, I think, must be a somewhat slender one, for, a glance at the leading medical publications of the past two years renders patent the fact, that almost every writer on the subject has not only adopted the practice but expressed the greatest satisfaction at the result. From some of the more prominent of these contributors to current medical literature, (within the period specified), I may, very briefly, quote conclusions: Dr. C. H. F. Routh (4) states that in all cases exhibiting a tendency to death from the violence of the fever, "cold affusions to the skin." or "cold spongings" are indicated. Dr. Walter Fergus recommends (5) "rapid sponging with vinegar and water" if the patient does not sleep—or there is much irritation of the skin. In cases with extreme development of the rash, and burning skin, "the cold douche, rapidly given," he says, "acts like a charm." The patient, placed in a sponging bath close to the bed, has four or five wash hand basins of cold water poured in quick succession over him, is "quickly rubbed dry," and put to bed, when, "if the treatment has done good, he drops off to sleep at once." I scarcely think the *rubbing* process likely to be well-borne. In all the cases which

have come under my observation the gentler the manipulations the better. Dr. Charles T. Thompson (6) on the very first access of the fever puts his patient into a warm bath, and repeats it as his strength will allow, or the severity of the attack may require. He speaks of the effect as soothing and refreshing, and states the proceeding is almost uniformly followed by an eruption "so vivid in color, and of such an amount, as would astonish those who have never witnessed it." Dr. Thompson tells us he has had a very large number of cases of Scarlet Fever during the last fifteen years—has always treated them after this fashion, and *never lost a patient*. Dr. Charles Murchison (7) induces free action of the skin by means of the warm bath in all nephritic cases.

Dr. Charles Lovegrove (8) develops a vivid red rash by the use of the hot bath. Dr. Ashburton Thompson (9) informs us he has had, for five years, charge of the poor in a London district having a population of 26,000, and that Scarlet Fever in every degree of intensity prevails each year among a very large number. They are subjected invariably to frequent sponging, daily, of the skin from head to foot with warm water, or warm water and vinegar. At the commencement of the disease a warm bath is the rule, and also when desquamation is setting in. "The happiest results ensue." Dr. John Morris (10), of Maryland, approves of the cold douche in conditions of great pyrexia, excessive heat of surface, marked jactitation and cerebral disturbance, or threatening convulsions. He also views with favor warm baths at certain stages of the disease. Dr. W. Sumpter (11) reports 200 cases, in which, after the emesis and diarrhœa had subsided tepid baths of salt water were ordered—"with the best effect." He adds: "I scarcely lost a patient of the whole number attacked." Dr. S. Jones Gee (12) deems the ataxic form of the disease (involving delirium, diarrhœa, vomiting, full pulse, and great heat of skin), the special indication for the cold affusion; and says "the water treatment may be frequently repeated." Cold sponging and hot mustard baths, also meet his approval, in the various conditions appropriate to their employment. Dr. James Adams (13) gives, as the result of 400 cases, a mortality of less than two per cent.—all of them treated by means of hot baths "to induce good action of the skin." Dr. P. J. Hynes (14) sponges the body with warm water and vinegar, and tepid solutions of chloride of lime, under which treatment the patient progresses very favorably." I might continue my enumeration of many more who entertain the highest

opinion of the use of water as a remedial measure in this disease; but your space is limited and I think enough has already been said, to show that the practice is almost universal, and to demonstrate, strikingly, as well, its extraordinary beneficial character. As most of the parties instanced, however, are European, and to show that the proceeding is held in much esteem on this side of the Atlantic, I think it best to add, that while attending the clinical lectures of Professors Pancoast, Ludlow, (15), &c., at the Blockley Hospital in Philadelphia, it was frequently inculcated. When Dr. Sweeting in his "Ammonia and Milk" article denounced the application of water to the surface of the body in Scarlatina, I ventured to give my own limited experience in a communication to the *London Lancet*, (16), and the fact that therein a statement in brief is given of the views advanced by Dr. S., must plead my excuse for reproducing it here:

*To the Editor of the London Lancet:—*SIR: I notice in your impression of the 11th June a communication from Dr. Sweeting, recommending the treatment of Scarlatina by ammonia and milk. I have no opinion to express regarding the more prominent features of the course suggested by Dr. S., as I have not tested milk and ammonia in any case; But I cannot help expressing no small degree of astonishment at the concluding portion of his article. In adverting to a recommendation of Dr. W. Fergus, (made some months ago), relative to the external treatment of Scarlet Fever, he not only objects to the cold douche, but says, "In every case I have known, in which cold or warm sponging with water, or vinegar and water, has been resorted to, the patient has either died in the acute stage, or dropsy has supervened. Now, while I entertain very serious doubts regarding the propriety of using the cold douche in certain cases to the extent insisted on by Dr. Fergus, I have not the slightest hesitation in asserting that warm sponging, followed by inunction with hot lard, is of the greatest benefit in the vast majority of instances.

During the present year thirty cases of Scarlet Fever have been under my care, ranging in severity (like those treated by Dr. S.) from simple to malignant. Of these only one proved fatal. In all of them were the external applications made which I have indicated. They proved so grateful to the patients as to be frequently asked for by them; and in such cases particularly as exhibited a disposition to retrocession was their use in the greatest degree apparently beneficial. Dr. S. states the mortality under his

treatment to be eight in sixty—a result not quite so gratifying as that obtained in the thirty I allude to, though I cannot help thinking the persistent exhibition of purgatives “every forty-eight hours” may have had something to do with the greater fatality.

TO BE CONTINUED.

Monthly Summary.

OF

Therapeutics and Materia Medica.

Lead in Aerated Waters.

Some interesting but uncomfortable information respecting the presence of lead in aerated waters was given by Dr. Stevenson Macadam at the meeting of the North British Branch of the Pharmaceutical Society of Great Britain in Edinburgh on Friday night last. After stating that so far back as 1871 his attention had been directed to this subject, and that he had at that time discovered that hard waters had a greater power of action upon lead than soft waters, and after describing the apparatus used in the manufacture of aerated waters, Dr. Macadam gave it as his opinion regarding the generator of the carbonic acid that this part of the machinery might be of lead without causing the slightest harm to the manufactured waters; while, on the other hand, the greatest care should be taken that the gas-holder should not be constructed of materials containing lead. As to the receiver, he was sorry to say that in some instances he had found that this vessel, though made of copper, contained a large quantity of bad tin, which in turn was impregnated with lead—a state of matters which, of course, caused contamination to the waters. So far as the piping was concerned, he held that there was no difficulty in manufacturers obtaining pure tin pipes, while he submitted that the solder used should also be free from lead ingredients. Dr. Macadam explained a number of experiments he had made relating to the question, and stated that after the fluids had been poured from bottles into lead pipes, and instantly poured back out of the pipes again, the result of analyses proved that there was in aerated waters the tenth of a grain, in lemonade the half of a grain, and in soda and potash waters the twentieth part of a grain of lead to the gallon. If the liquids were allowed to remain an hour in the lead pipes, the amount of lead found would be in lemonade ten

grains, in aerated waters five grains, and in soda and potash waters two grains to the gallon. Dr. Macadam has discovered the presence of lead to the extent of one grain to the gallon in lemonade, one-half of a grain to the gallon in aerated waters, and one-fifth of a grain to the gallon in soda and potash waters—it having been at the same time ascertained that the oils of lemons used largely in the manufacture of lemonade generally contained quantities of lead, owing to the fact of the vessel in which the oil was stored not being free from that metal.—*The American Chemist*, September, 1875.

An Indigo Experiment.

We learn from *Homeward Mail* for December 21st that Mr. Olpherts has introduced with much success an important improvement in the manufacture of indigo. For the benefit of those unacquainted with the production of this dye, it will suffice to state that the indigo plant is steeped in tanks till the coloring matter is all taken up by the water, which is subsequently evaporated, leaving the dye behind. A high temperature during the steeping process is essential to success. Hitherto this temperature has been that of the air, no artificial heat being employed. Mr. Olpherts uses steam. He sent out the requisite piping, etc., to India in 1873, and gives the following statement of results obtained with very crude apparatus: "It appears from the readings of the thermometer that the temperature of the water during the rains ranged from about 92° to 96°; this was raised in the steeping vats to about 110°, but owing to their very defective plant they could not get an even heat over the vats; the indicators showed a difference of as much as 8° in parts of the vats. The results, however, from the different trials, which extended over forty days manufacture, were most satisfactory, as on no occasion was their labor attended with less than 25 per cent. increase of produce, as compared with the produce from the same grown indigo manufactured at the same and adjoining factory, steeped in the same sized vats, and on the same days. The heating process was commenced on July 17th, 1874, and as the weather became cool the produce increased, until it reached cent. per cent. Heat was also applied in the beating process. In October the water in the beating vats stood at 78°, this was raised to 95°. It is satisfactory to add that these results have been obtained without any detriment to the color or soundness of the indigo. No color-

ing matter was found in the plant when resteepled for fourteen hours, it having been steeped for eight hours under the heated process, whereas some coloring matter was always found in the plant after the usual process. The lowest produce per vat, recorded in October 27th, is about $4\frac{1}{2}$ seers, the highest being $18\frac{1}{2}$ seers on July 22d. The lowest produce from the heated vats was 10 seers on October 27th, and the highest was 33 seers on August 13th. The size of the vat is 25 feet by 15 feet by 3 feet 9 inches."

Such is the report that has reached us, and it is evident that if these excellent results are verified by future experience, Mr. Olpherts will have conferred an enormous benefit on an important and hitherto most uncertain trade.

The Aspirator in Abdominal Tympanites.

Dr. W. D. Hooper, of Lynchburg (*Virginia Med. Monthly*, July, 1875), reports a case of obstruction of bowels of twelve days' standing, the patient suffering greatly from dyspnœa and abdominal distension, with cold extremities and a pulse of 140; vomiting of green matter, not stercoraceous. The usual remedies had been tried to no purpose, and the rather unusual one of half a pound of quicksilver. The needle of the aspirator was inserted five times before any considerable quantity of gas could be drawn off. The fifth puncture was successful, and was followed by a desire to go to stool, and the discharge of gas and feces *per anum*. For several days hard masses were passed, and in two weeks after its administration the mercury came away. The patient recovered, showing no bad effects from the repeated punctures.

Treatment of Chorea by Arsenic in Large Doses.

Dr. Eustace Smith, in a note to the *British Medical Journal*, of May 1st, 1875, emphasizes the value of arsenic in chorea, but states that it was not so generally known that the curative value of the drug is greatly increased by administering it in full doses. Children have a remarkable tolerance for it, especially in such a non-febrile affection where there is no increased irritability of the digestive organs. To a child between the ages of five and six and twelve, he would give in this complaint, as much as ten minims of Fowler's solution three times a day, directly after meals. The influence of the treatment is seen almost immediately, and it is rare for any of the physiological effects of the drug to be seen.

Under this treatment, he says that severe cases seldom last longer than a fortnight.

Subcutaneous Injection of Chloroform in the Treatment of Facial Neuralgia.

Geo. Wood, M. D., C. M., in *Canada Medical and Surgical Journal*, writes as follows:

D. C. H., aged about fifty, dark hair, eyes and complexion, very spare, weight one-hundred and twenty-five pounds, has suffered from facial neuralgia of left side of the face since 1854, has undergone all systems of treatment with little or no relief. In 1872 had the lower jaw trephined and a section of the nerve removed, this gave him relief for several months, but eventually the neuralgia returned harder, if possible than ever. He first came under my care in August, 1873. I gave him different iron tonics, bark, hypodermic injections of morphia, croton chloral hydrate, and also all the different and various neuralgic pills that I ever heard of, with but temporary success.

In August of 1874, I injected fifteen minims of chloroform underneath the mucous membrane of the lower jaw, as near the exit of the mental branch of the fifth pair as I could. It gave him entire relief in an hour, but caused partial paralysis of the muscles of the left cheek. In a week I repeated the injection and put him upon drachm doses of the elix. of guarana three times a day. In September and December, and also in April, he had a very slight return of the pain, each recurrence being less severe. At each of these times I repeated the chloroform, and he now seems to be entirely well.

My partner, Dr. Rose, had a lady patient, unmarried, aged about forty-five, who had been a terrible sufferer from the same disease for seventeen years, had consulted the most eminent men in this and foreign countries, and had tried all the prescriptions recommended. The only thing that gave her any relief was the hypodermic injection of morphia. She was obliged to use them, sometimes several times a day. Her mind and morals were very much disordered. Dr. Rose tried the hypodermic use of chloroform, and she is now entirely well. Her mind is as clear as of yore, and she seems and acts like a new being. The injection of chloroform is extremely painful unless preceded by an injection of ten or fifteen minims of Magendie's sol. of morphia. If this

suggestion can give relief to others suffering from this most painful disease I shall be most happy. I intend using the chloroform in the first case of sciatica that comes into my hands.

Pulmonary Diseases Treated by Strapping the Chest.

Dr. J. McCrea (*London Lancet*) recommends the following method of strapping the chest in the treatment of phthisis: He uses the emplastrum roborans spread on swan's down. The sheet, being one-half a yard wide, is cut in transverse slips three-quarters of an inch broad. These should be but slightly heated. The first strip runs up the back in the space between the spinal column and the posterior border of the scapula, on the affected side, its starting point being well below the level of the inferior angle of the scapula. It is to be applied deliberately, every portion being well rubbed in before the next portion is brought in contact with the skin. It is to be carried over the shoulder and down the front of the chest. In rounding the shoulder it is to be pulled tight, and held so while it is being bit by bit, brought into contact with the front of the chest, the chest, just at this period, being in the act of strong expiration. The next strip, which is horizontal, commences at the spine, crosses the posterior end of the first strip, passes under the axilla, and on towards the sternum. It is also to be applied deliberately and with friction; as it is rounding the chest it is to be pulled tight, the patient at the same time making a forced expiration. Other strips are to be applied in a similar manner, vertically and horizontally, alternating, until a proper grasp of the chest has been obtained. The scapula is avoided as much as possible. Some of the horizontal strips should cross the sternum, and some the spine. A large, rectangular piece of plaster should now be applied, occupying the inter-scapular space, and reaching down to the last dorsal spine. Another similar piece is to cover the front and upper part of the chest, between the clavicles and mammæ.

The treatment of phthisis by this method is followed by immediate and marked diminution of the cough, cessation of pain, relief of dyspnœa, and reduction of temperature, and the patient usually expresses a feeling of great comfort.

Dr. F. T. Roberts (*Practitioner*) strongly recommends the same procedure in pleurisy, pleurodynia, and pneumothorax.—*St. Louis Clinical Record*, August, 1875.

Editorial.

FIRWEIN.

The value of the plants of the orders of Balsamaceæ, Ceriferæ, Leguminosæ, Pinaceæ, Styraceæ, has long been understood by the Profession, as well as recognized in domestic use, as possessing great medical virtues. Each order yields a principle peculiar to itself, an oleo-resin or balsam, associated with an acid also peculiar to itself, with more or less volatile oils.

These elements in a state of vapor, have been of much service in phthisis in its several stages, in obstinate chronic rheumatism and in nasal catarrh, and internally been administered with very gratifying results in these same affections. In all cases of catarrh they have proven signally beneficial. In chronic bronchitis and phthisis pulmonalis, they have been exhibited with the best results, palliating the cough and actually preventing waste of tissue. They have also been prescribed in leucorrhœa, gleet and other chronic diseases of the urinary passages, and have exerted a certain influence over cases of chronic inflammation or ulceration of the bowels.

The laws of endosmosis favor the passage of soluble substances through to a liquid secretion. They are dissolved and carried away on the other side of the membranes through which they pass.

In the same way it appears that volatile substances may dissolve in and be carried away by air. Thus they have a tendency towards aeriform secretions. These are the expired air, or the secretion of the air-cells of the lungs, and the ordinary cutaneous transpiration. While passing through the air-cells these matters stimulate the secretion of the lining mucous membrane. They cause a morbid secretion of this surface to be replaced by a more natural one. Long experience has demonstrated beyond cavil, that these elements have a peculiar affinity for mucous membranes.

Associated with Phosphorus and Iodine these elements have a wide range of adaptability and increased potency, but because of their reconstructive influence over diseased members they have a therapeutical value which is especially commended in all forms of phthisis, bronchitis and chronic diarrhœa. We have now prescribed the Firwein in general practice, for a year or more, and have been highly pleased with results. In catarrhal cases of uterus, bladder, and nose, it has responded with a positiveness and promptness which have not attended, in our hands, the unaided efforts of any other medicine. Often though to expedite a cure it may be found necessary to associate with it some topical remedy.

This preparation which we have called "Firwein," combines all that is valuable in the plants referred to, all that is found in the usual preparations of tar, as well as other important elements which are not contained therein, and is entirely devoid of nauseating taste and unpleasant odor

which makes them repulsive and often quite impracticable, even when their virtues are imperatively demanded.

The beneficial effects derived from the use of this remedy depend upon the association of these elements in which state they appear to produce results which cannot be obtained by the elements disunited.

It may be given in all cases when cod liver oil may be suggested, associated with it, and forming a convenient and agreeable vehicle for the administration of the latter, and will be found to largely promote the efficiency of the oil. In cases which require iron, the pyrophosphate may be dissolved in it in quantities to suit indications.

Each fluid dram contains Phosphorus, grain $\frac{1}{10}$ —Iodine, grain $\frac{1}{8}$ —Bromine, grain $\frac{1}{4}$. Dose, one teaspoonful before meals, though regulated by age and disease.

Firwein in *Phthisis Pulmonalis*.—BY E. T. BATES, M.D., NEW LEBANON, N.Y.

I have recently used this new medicine, "*Firwein*," prepared by TILDEN & Co., with such gratifying results in a case of *Phthisis Pulmonalis*, that I am induced to call attention to its efficacy in this disease, believing it possesses a combative influence over this malady, which no other single remedy can claim—I prescribed it in connection with Cod Liver Oil and Iron subsequent to *futile* medication with the latter agents, and hence must ascribe improvement in this case to the agency of the *Firwein*.

Miss. C., aged 20, had consulted me more or less for some two years, for a cough and pain in left side which finally developed into *Phthisis*, unmistakable to a casual observer. I early diagnosed the case such, and treated her with Cod Liver Oil and Pyrophosphate Iron, but with little or no good results, save perhaps that of partially arresting the progress of the disease and preventing to a certain extent, waste of tissue.

At the time I prescribed "*Firwein*" my patient was much reduced in strength—nutrition impaired—voice feeble and hoarse—breath deficient, even to preclude an amount of active exercise and labor, for which muscular strength was adequate; a condition of things amounting to almost complete destruction of left lung. The right also showed indications of disease, and I could discern a gloomy prospect only, that of early death.

I prescribed Cod Liver Oil and *Firwein*—dissolving in the latter, Pyro. Iron grs. ii. to gr. i., and ordering a teaspoonful to be given four times a day. This treatment was continued to the exclusion of all other medicines. Convalescence was soon apparent, which has been uninterrupted to the present time. Patient now able to resume her vocation of seamstress. The left lung is still impaired, the right is entirely reconstructed.

While perhaps a complete cure is not and cannot be effected, the progress of the disease was arrested by *Firwein*, and for months been kept so and if the remedy prove potent only to hold the disease in this

case in subjection, it will certainly accomplish results perhaps of as much practical force as a radical cure.

A Case of Laryngitis Stridulus, with Aphonia, Treated with Firwein.

By S. R. NISSLEY, M.D., Pemberton, Ohio. The patient, Mr F. aged, 23, who had been subject to attacks of Laryngitis for the last six years—on the least exposure “he takes cold;” and concomitant therewith, complete loss of voice. These attacks generally last about ten days, before he can get any relief from remedial treatment. I prescribed for him the new compound, for *pulmonary affections*, FIRWEIN,—a teaspoonful every three hours, and, much to my surprise and gratification, in the course of twenty-four hours I found that the inflammation had subsided, the voice had regained its normal resonance, and he expressed himself as being not only relieved, but cured. He wished to know what kind of a preparation I gave him, it was so pleasant to the taste and acted like a magical charm.

I have tried it in several cases of *Bronchitis and incipient pulmonary Consumption* with the best results. I regard it as an expectorant, diaphoretic and tonic. Its specific influence on the lungs is marked, by increasing the expectoration and lessening the frequency and severity of the cough. It is certainly another valuable addition to our therapeutical list.

ERGOT, “Formula of 1874.”

BY T. A. KNIGHT, M. D., LONE STATION, MISS.

Gentlemen.—The Fluid Extract of Ergot, “Formula of 1874,” has proven in my hands to be a reliable and efficient article. Allow me to call your attention to some of its virtues as exhibited in one case in particular—as follows:

Was called to Mrs. B., Aug. 1st, in case of labor. I arrived at 11 o'clock A. M., found everything in order, found the os uteri dilated, with moist sweat, neither too hot nor too cold to indicate *tedious* labor. At half past 4 P. M., the child was delivered, weighing twelve pounds; just after delivery of child, she was in a state of convulsions, sharp shooting pains to the head, and asked me to hold her hands, I did so for a short time until she was relieved, then I gave the following:

℞ Chloral Hydrate	3 i.
Pot. Bro.	3 ii.
Aqua Pura.	3 i.

Fiat Sol. Ordered one teaspoonful to be given every twenty minutes. After taking the third dose she was relieved. Then I proceeded to deliver the placenta, after which she bled to syncope. I then gave the following: Fl. Ext. Ergot 3 ss, every twenty minutes and did so until the hemorrhage was entirely checked. My injunction to the nurse was, not to let the patient turn in bed without help. Thinking all things safe, I departed for

home. At my next visit Aug. 2nd, at 9 A. M. she told me she felt something like water trickling down her limb, and for fear of hemorrhage, made an examination. To my amazement, I found she had lost a quart of blood. I then ordered an injection of Fl. Ext. Ergot 3i, the abdomen to be bathed in cold water. In 30 minutes, repeated the injection, remained until 3 P. M. August 5th, found my patient cheerful, in fine hopes of her recovery. In conclusion, if it was not for the Ergot, I must confess I surely would have lost my patient. Ah! what a KING OF MEDICINE it is in hemorrhage.

PAMPHLETS RECEIVED.

A STUDY OF THE NORMAL MOVEMENTS OF THE UNIMPREGNATED UTERUS, By Ely Van De Warker, M. D., Syracuse, N. Y. Reprint from the New York Medical Journal, April, 1875. D. Appleton & Co., New York.

ADDRESS OF C. A. WHEELER, Before the Massachusetts Eclectic Medical Society, June 4, 1875. John B. Sexton, Boston.

A STATEMENT of the Relations of the Faculty of Medicine and Surgery, in the University of Michigan to Homœopathy.

Tribune Printing Company, Detroit.

FRACTURE OF THE INFERIOR MAXILLARY BONE, By Jos. F. Montgomery, M. D., Sacramento, Cal. From Transactions of the Medical Society of the State of California.

SEVENTH ANNUAL REPORT of the New York Orthopædic Dispensary and Hospital.

THIRD ANNUAL ANNOUNCEMENT of the American Medical College of Saint Louis, Winter and Spring Sessions, 1875-76. All letters of inquiry should be addressed to the Dean of the Faculty, Geo. C. Pitzer, M. D., 1110, Monroe St., St. Louis.

ANNUAL DESCRIPTIVE CATALOGUE of Hyacinths and other Flowering Roots, imported and for sale by JAMES FLEMING, 67, Nassau St., N. Y.

About Steel Pens.

Few persons doubtless are aware of the fact that the original inventor of Steel Pens is still living. Sir JOSIAH MASON, now the great pen manufacturer of Birmingham, England, enjoys that distinction. He is now very old, being above eighty. It is in his great factory that several of the most popular of the widely famed SPENCERIAN Double Elastic Steel Pens are made, the models being supplied by the proprietors of the pens, Messrs. IVISON, BLAKEMAN, TAYLOR & Co., the Educational Publishers of New York. The SPENCERIAN Pens have attained their great popularity from a variety of reasons, all of which will be apparent to any one who may try them. Of one number alone more than six millions were sold last year. We use them in our office, and are so well pleased with them that we have no hesitation in saying that they are, in our opinion, superior to any other article of the kind with which we are acquainted. Their chief characteristics seem to be flexibility, elasticity, durability and evenness of point, and a nearer approximation to the real quill action than has been heretofore attained in a steel pen. The SPENCERIAN are comprised in fifteen numbers, all differing in flexibility and fineness of point, and for the convenience of those who wish to try them Messrs IVISON, BLAKEMAN, TAYLOR & Co., 138 and 140 Grand Street, New York, will send by mail a sample card, securely enclosed, containing one each of the different numbers, on receipt of Twenty-five cents.

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[No. 12.]

Communications.

DIGEST OF MEDICAL CASES AND TREATMENT.

BY JOSEPH BATES, M. D.

E. E. RIOPEL, A. M., M. D., Cleveland, O., has a very instructive paper on the treatment of Hemiplegia, by large doses of Bromide of Ammonia. In giving his experience in the use of bromides, the Dr. premises his statements, with the remarks, that he is aware that he is liable to strong criticism, inasmuch as it varies from the standard treatment, and especially that advocated by BROWN-SEQUARD and other noted men—viz., ergot, belladonna, strychnia, etc. He reports cases showing the favorable result of his treatment, one of which I copy as a typical case.

“CASE 2. Mrs. L. C., Scotch lady; very stout and fleshy, fell in the water by the upsetting of a skiff, at 6 P. M. She was taken home in a carriage, and at 8 P. M., I was called in, when I found her fearfully convulsed on the *left side only*.

I administered opiates, with dry friction, etc., when profuse perspiration set in. The next morning the left side was totally paralyzed, with the exception of a slight motion of the toes; face not affected—the tongue however, could not be protruded straight. Although from my experience of the former case with the bromide, I hesitated a similar treatment, because the lesion here must be

below the pons varolii. However, after the effects of the opiates had passed away, she became quite restless. I commenced on 20-grain doses every hour; so that some days she took from 600 to 800 grains. On the tenth day she was dismissed as cured, having a return of the use of her limbs, with but a slight limping. Her arm, as she expressed it "felt sleepy." Her mind shows no disturbance." The Dr. closes his paper with the following remarks: "Now as to the anatomical changes, it would be mere speculation. Yet, unless it should be with concussion that extravasation took place, a speedy action of the absorbents would at any rate prevent any great change taking place in the brain-substance. Now, then, may it not be proper to infer that the action of the bromide is more on the lymphatic vessels, stimulating them, rather than on the nervous system? And, in any case, if the nerves be simply irritated, preventing sleep, will not sleep be restored when that irritant is removed? And the bromides will do it, if it stimulates the absorbents." (*The Cincinnati Lancet and Observer*, Oct. '75.)

Dysentery—Its Treatment with Nitrate of Soda, (Saltpeter du Chili.) By Dr. CASPARIA, of Wiesbaden.—The Dr. learned to appreciate the value of this remedy in the winter of 1870–71. In Sept., 18 per cent., and in Oct., 30 per cent., of all patients entering the Frankfort Hospital, where he was on duty, had dysentery. He very justly remarks: "The results obtained in so great a number of cases are certainly conclusive as to the value of this agent in this affection." Dr. WIDLINGER, one of his colleagues at the hospital, who experimented with this drug, obtained like good results. During the violent epidemic which raged in 1822, the results obtained were most astonishing, the mortality being scarcely 2 per cent. The Dr. states, that he has for a long time employed the nitrate of Soda for both dysentery proper and the dysenteric diarrhœa. The dose must vary in these affections according to the degree of the phlegmasia.

The Dr. observes:—"In rectal dysentery, in a robust person, 25 grammes may be administered, in broken doses, in twenty-four hours. The medicament is dissolved in water, and given in a gummy solution. The dose oscillates between 15 and 25 grammes when there is no inflammatory complication of the small intestines. In light cases, improvement will follow in twenty-four hours; in severe cases, in two or three days. If there be no change within twenty-four hours, the dose should be increased. If the tenesmus has ceased, but symptoms of phlegmasia of the small intestines

persist or supervene, the dose must be reduced to 8, or even 5 grammes (pro die)."

He quotes RADEMACHER as saying, the administration of the nitrate of soda rapidly diminishes the abdominal pains and the number of the stools; if when the tenesmus has ceased, an increase in the number of discharges should be remarked, it need cause no anxiety, as it is due to the prolonged use of the remedy, and, will rapidly cease. Dr. C.—says if the affection be, however, more particularly of the small intestines, the medicament must be given in smaller doses. Too large a dose will exaggerate the inflammation and the morbid manifestations. In these cases he generally begins with 6 grammes (pro die), in divided * doses, given in an oily emulsion. The medicine should be given warm, as cold is contrary to this affection, and causes an immediate increase in the number of stools. The medicine must be aided by strict attention to diet and hygiene. Patient must abstain from solid food some days after recovery. (*Cincinnati Lancet and Observer*, Oct. 1875.)

Ozoena.—"A cure of this disease is reported in a case in which nitrate of silver and permanganate of potash had been resorted to in vain. The successful means consisted in frequent injections of the chlorate of potash, in the proportion of one part of the chlorate of potash in six parts of water. The cure proved permanent." (*Med. and Surg. Reporter*, Oct. 9, 1875.)

Poisoning by Rhus Toxicodendron.—In the *Medical and Surgical Reporter*, Oct. 16, 1875, a case of poisoning with *Rhus Toxicodendron*, and treatment is reported. The treatment was yellow wash, and is made as follows:

R Corrosive Sublimata.....	gr. xx.
Lime Water.....	℥ v.

These ingredients are to be mixed, and the bottle well shaken, and applied to the parts with soft pieces of linen. The result was most marvelous, for in twenty-four hours the itching, burning and smarting all disappeared.

I will give Dr. W's report of a case: "D. C. H., aged about fifty, dark hair, eyes and complexion, very spare, weight 125 lbs., has suffered from facial neuralgia of the left side of the face since 1854, has undergone all systems of treatment with little or no

* Subcutaneous injection of Chloroform in the treatment of Facial Neuralgia. By Geo. Wood, M. D., C. M.

relief. In 1872 had the lower jaw trephined and a section of the nerve removed, this gave him relief for several months, but eventually the neuralgia returned harder, if possible, than ever. He first came under my care in August, 1873. I gave him different iron tonics, bark, hypodermic injections of morphia, croton chloral hydrate, and also the different and various neuralgic pills that I ever heard of, with but temporary success.

In August of 1874, I injected 15 minims of chloroform underneath the mucous membrane of the lower jaw, as near the exit of the mental branch of the 5th pair as I could. It gave him entire relief in an hour, but caused paralysis of the muscles of the left cheek. In one week I repeated the injection and put him upon drachm doses of the Elix. of Guarana three times a day. In September and December, and also in April, he had a very slight return of the pain, each recurrence being less severe. At each of these times I repeated the chloroform, and he now seems to be entirely well." Dr. WOOD states that his partner, Dr. ROSE, had a lady patient, unmarried, æt. about 45, who had been a terrible sufferer from the same disease for seventeen years, had consulted the most eminent men in this and foreign countries, and had tried all the prescriptions recommended.

Hypodermic injection of morphia was the only thing that gave her any relief. She was obliged to use them sometimes several times a day. Her mind and morals were very much disordered. Dr. R. tried the hypodermic use of Chloroform, and she is now well. (*Canada Med. and Surg. Jour.*, July, 1875.)

Cannabis Indica in Post Partum Hemorrhage.—Dr. DONOVAN (*London Obstetrical Jour.*) strongly recommends this drug in cases of flooding after delivery. Where Ergot has failed, a full dose of tincture of cannabis indica (M. xx.) has in every instance checked the flow in a few moments. It also has the power of controlling and relieving metrorrhagia and profuse menstruation in a marked degree. (*Detroit Review of Med. and Pharm.*, Oct., '75.

Cerebral Disturbance in Small Pox.—By H. ILLOWY, M. D. (Read before the Cincinnati Academy of Medicine, Aug. 9, 1875.) The Dr.'s treatment will be more readily understood by giving a short report of two of his cases.

CASE, Delirium, cerebral congestion, before eruption. B. R., æt. 18, a youth of excellent physical development, in flesh. Sanitary condition of apartment excellent. Two cases of variola

in the house. Feb. 3d, he complained of pain in his back."

"Feb. 4. High fever; pulse full and strong, 120; tongue coated; was ordered a mixture of spts. mindereri and potass. bromid.

Feb. 5. Is inclined to be drowsy; was ordered a purgative. The drowsiness increased, however, until towards evening he was in almost a semi-comatose condition, had to be called several times ere he would respond, and then did so in a wandering manner, or would merely look up with a vacant stare; recognized no one and lay in one position. Cloths wrung out of a hot infusion of mustard (so strong that the hands of the attendant were fairly inflamed from it) were applied to the feet and legs as high as the knees. The cloths were renewed every twenty minutes or half hour. After continuing the application for about two and a half hours he became more lively, and soon thereafter fell into a sound and healthy slumber. The next morning was perfectly conscious and comfortable. The eruption appeared. He made an excellent recovery."

Another Case. "Delirium; asthenic form; stage of secondary fever. A. R., æt. 11, a boy of ordinary physical development, previously in good health. Variola eruption out five days. On examination found the eruption developing naturally on the body, not so well in the face (probably due to the fact that the body was well covered by blankets, and the face uncovered, the house being a very cold one, time Jan.) Pulse 90, inclined to be feeble. Mind wanders somewhat when he lays quiet, but answers quickly and correctly when called. Three days later I saw him again. Pulse 110, very feeble; pupils somewhat contracted, but sensitive to light; muttering delirium; does not answer when called; some subsultus tendinum; picks at bed-clothes, throws himself about the bed; passes his urine in bed; refuses to take any food, has not taken anything in the last twenty-four hours; sordes on teeth; tongue dry; arrest of development of the eruption. He was ordered muriated tincture of iron and quinine. To have about half a bottle of Rhine wine, mixed with an equal quantity of milk, in the next twenty-four hours (this mixture is pleasanter than wine-whey, more nourishing, and more easily made); also about two cupfuls of beef essence.

This treatment was pursued, the symptoms improved rapidly, and the boy made an excellent recovery."

In some cases the Dr. recommends leeches to the head." (*Cincinnati Lancet and Observer*.)

Onanism and Varicocele.—Dr. RAVOTH, of Berlin, has called attention to the connection between these two troubles. In nearly all cases of varicocele the patient confessed self-abuse. The tendency of this habit to affect the mind was quite observable. (*Med. and Surg. Reporter*, Oct. 16, 1875.)

Diabetes Mellitus.—By Dr. DICKINSON, of London. He states that diabetes rarely proves fatal under six months, but does so in a large majority of cases under four years. Some instances are given where the disease has lasted as many as fifteen years. Medicinal treatment is considered as of quite secondary importance, to that by diet.

Of drugs, strychnia, cod liver oil, iron and phosphoric acid are looked upon as of most value.

The curative action of opium "is so limited that it may well be believed to have cured fewer of the subjects of the disease (diabetes) than it has killed. The skim milk treatment receives no favor from Dr. DICKINSON, (*Half-Yearly Compendium*.) (Also *Pacific Med. and Surgical Journal*, Oct., 1875.)

Corns.—A French Medical Journal professes to give a reliable agent, and thus affirms: "The most refractory corns may be cured by the morning and evening applications with a brush, or a drop of the solution of the perchloride of iron." Cases are reported as cured by this treatment. (*New Jersey Eclectic Med. and Surgical Journal*.)

Apocynium Cannabinum.—By Dr. HUTCHINS. Dr. H. has a valuable paper relative to the use of this plant in the treatment of anasarca, and various forms of dropsy; several cases are reported, cured by this drug. (*Medical Record*, N. Y., July 3, 1875.)

Acute Tonsillitis—Double.—By CHAS. A. TODD, M. D.

- CASE. "Lizzie S., aged 20 years, a strong built woman, with the following history: Four days before she 'caught cold,' suffering pain in the fauces and difficulty in swallowing; next day symptoms worse, patient compelled to go to bed. Present condition feverish, patient quite weak and is able to swallow only liquids. Prefers hot drink, cannot endure cold. Complains of great pain in throat and neck generally. Much swelling under angles of jaw. Can barely open the mouth for examination. The whole faucial region

highly congested, the tonsils nearly meeting, the right being the larger. Treatment, flannels wrung out in hot water applied about the neck every hour; chlorate potash gargle at least every hour; Dover's powder at bed time, to insure sleep. Speedy relief of all symptoms followed this plan of treatment; the threatened suppuration was averted, and in three days the patient was free from all difficulty in speaking or swallowing." (*Saint Louis Clinical Record*, Oct., 1875.)

Hypodermic Injection of Water.—(*Le Progrès Medical*, Aug. 28, 1875). At the meeting of the French Association for the Advancement of Science, held at Nates, August 20, M. LAFFITE communicated the results of his experience with water introduced subcutaneously. M. LAFFITE said that this procedure had been known for several years, but had not sufficiently entered into medical practice. He had first observed a case of the most acute articular rheumatism in which injections of water were employed in the neighborhood of the painful articulations. Relief was almost instantaneous and movements became possible. In his own practice M. LAFFITE has obtained remarkable results. He cited the case of a woman who was a prey to the violent pains of lumbago, who was immediately relieved by the injection of four syringefuls (Pravz's) of pure water. He has obtained success, sometimes partial, but often equally definite, in cases of facial neuralgia, pluro-dynia, sciatica, etc., he has even succeeded in greatly relieving a patient whose pains were due to a phlegmon in the parotid region. M. LAFFITE adds that if the results which he has obtained are, as he believes, constant, therapeutics will be enriched by an agent as potent as morphine but offering none of its dangers.

As to the theory of the action of aqueous injections we cannot say exactly whether there is produced a paralysis of the extremities of the sensitive nerves by the compression induced by the introduction of the fluid into the connective tissue, or simply to a change in the structures where the nervous extremities are imbedded. (*Saint Louis Clinical Record*, Oct., 1875.)

Cocculus Indicus in Epilepsy.—The New Orleans *Med. and Surg. Jour.*, quoting from the *Journal de Therapeutique*, cites fifteen cases of epilepsy, some recent and others of several years' standing, positively cured under the use of a tincture of cocculus indicus. The tincture was made by macerating for three weeks,

one pound of the powdered berries in five pounds of alcohol. Give one drop twice a day in a tablespoonful of water, and increase the dose by one drop daily up to thirty drops. Then diminish in the same ratio to one drop and suspend for fifteen days and begin again in the same manner. If the case prove obstinate increase the dose up to forty or fifty drops. The treatment is to be persisted in for several months, "until the disease is eradicated." (*Pacific Med. and Surg. Journal*, October, 1875.)

Gelsemium Sempervirens in Neuralgia.—In the latest number of the *Centralblatt für Medic. u. Wissenschaft*, Dr. Jurasz, assistant physician, Polyklinik, Heidelberg, reports the following cases of neuralgia treated with the Tinct. Gelseminin, with most excellent results.

CASE 1. Robust man, æt 30; suffering for a week with neuralgia of the first branch of trigeminus, right side; was treated with quinine, etc., internally; also with various external applications, as ung. veratr., all in vain, however. Was put upon Tinct. Gelseminin, five drops three times a day; complete cure in three days.

CASE 2 Brachial neuralgia of one and a half year's standing in a robust seamstress, æt 30. At first was treated with liniments, potass. iod., etc., internally; all stopped; ordered Tinct. Gelsemini, five drops three times daily; radical cure in six days.

CASE 3. Old man, 64 years; neuralgia of supra-orbital nerve. Tinct. Gelsemini, ten drops three times daily; complete cure in four days.

CASE 4. Neuralgia of the first and second branch of trigeminus, both sides, in a robust woman, æt 38. Tinct. Gelsemini, five drops three times daily; cured in twenty-four hours.

CASE 5. Ischias of right side, very severe, in an old man 64 years of age; could not use his lower limbs in consequence, and compelled to keep his bed; all treatment ineffectual. Was ordered Tinct. Gelsemini, eight drops three times daily; in fifteen days he was able to walk about; cure completed by electricity and warm baths.

The agent was ineffectual in hemicrania and muscular rheumatism. (*Cincinnati Lancet and Observer*, Oct., 1875).

JNO. R. CUSHING, M. D., Harrison Co., Texas, has a very able paper in the *Chicago Medical Journal*, Jan. 1875, on the treatment of Dysentery with creasote. In all diarrhœas that he met with,

his main reliance is in the creasote. In the treatment of the disease in children he substitutes tr. opii. camp., instead of the morphia, and lessens the dose according to age. (*Baltimore Physician and Surgeon*, June, 1875.)

EXTERNAL TREATMENT OF SCARLATINA. [CONTINUED.]

BY DR. J. MUIR.

To this letter—as also to the eager remonstrances of many other practitioners—Dr. Sweeting's only reply was that (17) “he could not understand how it was that those who advocate sponging of the body in Scarlatina should have so few deaths—in one instance no death occurring in 200 cases; in another 1 in 60; in another 1 in 30.” The only point, however, on which I joined issue with him was in reference to *warm* sponging. The major portion of his answer is taken up with deprecation of the *cold affusion*. I have already intimated that one is apt to hesitate about *its* adoption, if on no other ground than that of its general impracticability, though not a few, I am satisfied, would be deterred from apprehension of the effects of shock. While I give due weight to the assurances of reliable practitioners who have used it successfully, and do not feel disposed to question in the least the voice of authority otherwise in its favor, the proceeding has too heroic an aspect to be advisable frequently in private practice. For, the friends of patients immediately look grave and reluctant when the remotest hint is given of resorting to a measure so very energetic.

There is also the certainty of popular condemnation if the case results unsatisfactorily; and this outside, unthinking, clamorous censure is a thing not easy to bear, and therefore not lightly to be excited. I have even encountered families who evinced a repugnance to the warm bath, especially in the case of infants; but I have not yet experienced (or met a practitioner who had) the slightest difficulty in securing active and efficient aid in carrying out warm sponging. The statement made by Dr. Sweeting that every description of lavement caused death in the acute stage, or led to dropsy, is wholly unsupported. When pressed for illustrative cases, he has not even one to furnish, but takes refuge behind the cold affusion, in reference to which he no doubt felt certain of a generous measure of sympathy from many practitioners. That he may have seen “acute” cases prove fatal, and dropsical

ones too, in which the warm sponging, or other of the milder modes of surface water treatment was essayed, is probable enough; but that there was any connection—even the remotest—between the external applications and the untoward result, is a thing he does not even enter on the attempt to establish. What is claimed for the warm sponge or warm bath is simply this: the eruption being kept out well, all danger of suppression is avoided; the continued determination to the surface materially relieves the internal organs most liable to be assailed; the force of the fever is mitigated, and desquamation facilitated.

And now to consider the oleaginous section of our subject. Most of those who favor the use of water as an external application in Scarlatina approve of inunction. Flint (18) ascribes its origination to Schneeman, a German physician (19) admits the efficacy of lard in allaying pruritus and diminishing febrile excitement; but he thinks as good results obtainable from the use of glycerine and rose-water, or glycerine and cologne. Dr. J. H. Tanner (20) advises "daily inunction of the entire surface with hot lard," in the simple form, and in Scarlatina Anginosa; but in a purely prophylactic point of view has no faith in it. Dr. S. Jones Gee (21) suggests the patient should be greased "with mutton suet,"—affirming "it often brings comfort." Dr. J. L. Ludlow (22) speaks of covering the whole body with lard, oil, or fat of bacon, as "a popular remedy in the fever." Dr. H. G. Knaggs, (23), gives as the results of eleven months of experimental tests, that in febrile disturbances generally, and indeed in all disorders of childhood, accompanied by an unnatural state of the skin,— "smearing with salad oil slightly warmed," is productive of almost instantaneous improvement in every case. Dr. W. Fergus (24) considers anointing with fatty substances not likely to benefit the patient much in the early stage of the disease; but is decidedly of the opinion that, to a certain extent, it may arrest the diffusion of separated cuticle. Drs. Budd and Prior (25) agree that anointing with camphor oil is "an excellent precaution." Dr. C. Lovegrove (26) refers to warm olive oil in scarlatinal enlargement of parotid gland as "invariably successful" in effecting diminution. Dr. Thomas Hiller (27) of the London Hospital for sick children, says, "during convalescence, warm baths and anointing are useful." Dr. F. Smith, (28) believes six parts of olive oil to one of carbolic acid will effectually destroy the vitality of the scarlatina germ "at the very moment of its making its appearance on the surface

of the skin." Dr. David Gibb (29) adds carbolic acid also, to mutton suet (in proportion of one to twenty), and finds "this unctuous application to be soothing and refreshing." Dr. J. H. Bennett (30) states that excessive dryness of the skin is the indication for employing "oil or grease." A prolongation of the list I deem unnecessary. The practice has the endorsement of distinguished names enough to incline us to accept it without much hesitation, and the readers of the *Canada Lancet* will have noticed that in pressing its claims, (as also those of the warm sponge or bath), that I have not relied on the routine teaching of the schools; but, for the most part, have given them, in the fewest possible words, the views and experience of reliable living practitioners in present active work. While very few, if any, claim for inunction the advantage of being prophylactic in the ordinary sense of the term, it is still preservative in so far as it enables us to isolate cases. What I desire to convey is this, by anointing a person with any fatty preparation whatever, we cannot render him invulnerable in a conflict with the morbid principle of Scarlet Fever. He is just as susceptible and as likely to yield to the power of contagion as before; but, by smearing a patient already attacked, we may, to some extent, prevent the spread of the disease to other parties. And the theory on which this expectation is based, is plausible enough. We are told (31) that patients do not cease to be contagious until every particle of the natural fomites, (the epithelial scales,) has been removed. Dr. Gee (32) asserts that "under ordinary circumstances, these scales are all but permanently contagious,—which explains the tenacity with which the danger clings to materials of any but the closest texture. Uncovering a scarlet fever patient in the direct rays of the sun, a cloud of fine dust may be seen to rise from the body; contagious dust which, no doubt, subsides into every crevice near the bed." Efficient inunction, intelligently pursued, retains in position, for the time being, not only the infectious excreta from the skin, but the minute particles of dislodged cuticle as well, which form the "contagious dust," of Dr. Gee—to be removed, at regularly arranged periods, by the warm sponge or bath. There can be no doubt that the danger of communication is very much lessened by these alternate oilings and cleansings; and one can therefore really credit the assertion that families, who rigidly carry out the treatment of a first case, are not very liable to have a second member prostrated. Indeed, I fully realized this fact in the thirty

cases mentioned in my communication to the *London Lancet*.

To sum up then. The application of warm lard or other fatty substance to the surface of the body in Scarlatina is found to be "soothing," "comforting," even "exhilarating;" it assists in restoring a healthy action of the skin, and allays the pruritus from which so many patients suffer excessively; it affords the protection from atmospheric changes which an abnormally sensitive condition so much requires; it undoubtedly assists in the arrest of tissue waste; and, in conjunction with the water treatment, is valuable as a means of preventing the spread of the disease.

In the paper just closed, I have endeavored to be as exhaustive of the subject as time, opportunity, and the limited space at my disposal, would admit of. I will be much pleased indeed if my somewhat hurried, and consequently imperfect effort, elicits corroborative testimony in favor of the external treatment advocated, from any of the subscribers to the *Canada Lancet*.

(1) A Treatise on the Principles and Practice of Medicine, by Austin Flint, M. D., H. C. Lea, 1868, 3d ed., pages 840 and 922.

(2) Hydratics, as practiced by V. Priessnitz, of Greafenburg, Wm. Radde, N. Y., 3rd ed., page 146.

(3) Clinical Lecture on Scarlet Fever, delivered at University College Hospital, 30th Oct., 1869.

(4) London Medical Mirror, 1st April, 1870; and Report of Medical Society of London, 3rd January, 1870.

(5) "On Scarlatina" (London Lancet, vol. 2, 1869, page 703,) by Walter Fergus, M. D., Edin., &c.

(6) "On the Treatment of Scarlatina," (London Lancet, vol. 1, 1869, page 291,) by Charles T. Thompson, M. D., M. R. C. P.

(7) "Clinical Lecture on Medicine," (Ibid, vol. 1, 1870, page 723,) by Charles Murchison, M. D., LL.D., F. R. S.

(8) "Scarlatina, with Hemorrhage," (Ibid, page 729,) by Charles Lovegrove, M. D.

(9) "The Treatment of Scarlet Fever," (Ibid, page 894,) by J. Ashburton Thompson, L. R. C. P., Lon., &c.

(10) Paper read before Medical and Chirurgical Faculty of Maryland, published in Baltimore Medical Journal and Bulletin, April, 1871.

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(14) "Arterial Hemorrhage from Ear, as Sequel to Scarlet Fever," (Ibid, page 431,) by P. J. Hynes, M. D., M.R.C.S. Ed.

(15) Manual of Medical examinations, by J. L. Ludlow, A. M., M. D., Phila. Blanchard & Lea, 1860.

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(17) "The Treatment of Scarlatina," (London Lancet, vol. 2, 1870, page 244,) by Richard Sweeting, M. D.

(18) A Treatise on the Principles and Practice of Medicine, by Austin Flint, M. D., 3rd Ed. Phila., H. C. Lea, 1868. Page 924.

(19) A writer in the London Lancet, under date of Jan. 29th, 1870, claims for Sir James Simpson the merit of first recommending the smearing process. He says: "The beneficial effects of oil inunction were first observed by Sir James in the large woolen factories in the south of Scotland."

(20) An Index of Diseases and their Treatment, by Thomas Hawkes Tanner, M. D., F. L. S. M. R. C. P., &c., Phila., Lindsay & Blakiston, 1867, page 234.

(21) "Article on Scarlet Fever" in Reynolds' System of Medicine. By S. Jones Gee, M. D., vol. 1, page 354.

(22) Manual of Examinations, by J. L. Ludlow, A. M., M. D., Phila., Blanchard & Lea, 1860, page 421.

(23) "Notes on Anointing in Infantile Disorders." (London Lancet, vol. 1, 1870, page 114,) by H. Guard Knaggs, M. D., F. L. S.

(24) "On Scarlatina." (London Lancet, vol. 2, 1869, page 702) by Walter Fergus, M. D., Edin.

(25) "A Contribution to the History of Scarlatina," (London Lancet, vol. 2, 1869, page 570,) by C. E. Prior, M. D., F. R. C. S.

(26) "Scarlatina, with Hemorrhage," (Ibid, vol. 1, 1870, page 729,) by C. Lovegrove, M. D.

(27) Diseases of Children, by Thomas Hiller, M. D., Lond., Phila., Lindsay and Blakiston, 1868.

(28) "Carbolic Acid Oil in Scarlatina," (London Lancet, vol. 2, 1869, page 762,) by Fred Smith, M. D.

(29) "Carbolic Acid Oil in Scarlatina," &c., (Ibid, vol. 2, 1869, page 830,) by David Gibb, M. D.

(30) "The Therapeutic Value of Oil and water in the treatment of Skin Diseases." (The Practitioner, vol. 1, 1868, page 211,) by J. H. Bennett, M. D., F. R. S. E.

(31) Reynolds' System of Medicine, vol. 1, page 833.

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SULPHATE OF CINCHONIDIA.

For some time past, the matter of the supply of Bark for the manufacture of Sulphate of Quinia has been one of solicitous consideration on the part of those who are aware of the great importance of this article.

Powerless to effect any modification of the system of wholesale, and often wanton, destruction of trees, the natural resources has been to obtain the greatest yield of medicinal principle from the crude material. In this way Sulphate of Cinchonina, Sulphate of Quinidia, Chinoidine, and lastly Sulphate of Cinchonidia, have been produced.

The last named article was first methodically, on any important scale, used with a view to test its efficacy in comparison with

Sulphate of Quinia, in the year 1856, when the Madras Government in India appointed a Medical Commission for the purpose.

From the report of the Commission it appears that the number of cases of paroxysmal malarious fevers treated was 2482. Say

With Quinia.....	846.
“ Quinia.....	664.
“ Cinchonia.....	569.
“ Cinchonidia.....	403.

Of these 2482 cases, 2455 were cured and 27 failed.

The following was the difference in comparative remedial value:

With Sulph. Quinia the ratio of failure per 1000 cases was	6.
With Quinia.....	7.
“ Cinchonidia.....	10.
“ Cinchonia.....	23.

The marked success of Sulphate of Cinchonidia on the other side, has led to its introduction in the United States.

In 1873, a systematic trial of the article was made by Dr. Wharton Sinkler, in the wards of the Episcopal Hospital, of Philadelphia.

Dr. Sinkler gives a detailed account of the results of his experiments in the February (1874) number of the *Medical and Surgical Reporter*, of Philadelphia.

He states:

“In my own investigations with Cinchonidia, I determined simply to compare it with Quinine in the treatment of intermittent fever, and therefore administered it in the same dose and manner in which it is customary to give Quinia in our Philadelphia hospitals, in the above mentioned disease. The formula used was:

R Cinchonidiæ sulph.....	gr. iv.
Acid sulph. aromat.....	m. gr. iv.
Aquæ.....	fl. z. j. M.

This dose was given every four hours, beginning as early in the day as possible, until grs. xvj. had been taken. The same amount was continued until five or six days after the last chill, when the dose was reduced to grs. xij. a day. After a day or two more, but six or eight grains a day were given. There were seventeen cases of malarial fevers in which the Cinchonidia was tested. Of course, this is not a sufficient number upon which, alone, to base any positive conclusions, but the result of the treatment was con-

firmatory of that of the Indian physicians, and was so eminently satisfactory that I report the cases briefly, in order that other physicians throughout the country may have the opportunity of testing the anti-periodic and tonic properties of Cinchonidia."

Of course, in a brief paper like this, we can not follow Dr. Sinkler in the details of the cases, but we can recount his results.

We might, however, quote his remarks on one or two of the cases:

"Case xiv.—H. S., æt. 26, sailor, admitted September 27. In June, while lying in his vessel in the Potomac River, near Washington, he contracted intermittent fever. Since then he has had chills at irregular intervals. Sometimes a paroxysm daily for a week, and then none for several days. He has taken Quinine from the beginning of the attack, but without relief. His last chill was on September 25. On admission his spleen was enlarged and tender on pressure. Was ordered Cinchonidia, grs. xvj. a day. On October 12 the Cinchonidia was suspended, as he had had no symptom of a relapse since his admission. When this note was taken, on October 20, the patient was still in the house, under treatment for bronchitis, but had had no evidence of malarial trouble."

"Case xvii.—Mrs. A. B., has been suffering from quotidian intermittent during the months of July, August and the early part of September. The treatment has been Quinine, grs. xvij. a day, in doses of grs. ij. every hour before the time for the paroxysm. This treatment acted only as palliative, for as soon as it was suspended relapses occurred. About the middle of September, the patient had a recurrence of her chills, and Dr. Knight gave her grs. xij. of Cinchonidia one day, and the next day grs. xvj. By this means the usual paroxysm was prevented. The patient was afterwards put on arsenic and iron, and up to November 8 had not had another chill."

In six of his seventeen cases Quinine had been administered and failed. In one of these, that which we last quote, the use of the Quinia had been pushed to its extreme effects of ringing in the ears and headache. With the cessation of the medicine the disease returned. In all these cases there was prompt relief from the use of Cinchonidia.

Dr. Sinkler concludes:

"In only three cases was there any relapse while the patients

were under observation, and they were all kept in the hospital for some days after they seemed entirely well.

"In none of these cases did I observe any unpleasant effect from the use of the drug. Unlike Quinine, Cinchonidia caused no headache, ringing in the ears, or disordered vision, and there was no disturbance of digestion. In fact, in one, case while the patient had been taking Quinine his stomach became disordered, but under the use of Cinchonidia the gastric irritation subsided."

Since Dr. S. made his experiments, a number of physicians over the country, to whom samples have been furnished, have been making trials of it—and as the reports of those who have published their experience attest—with satisfactory results.

Over fifty letters have been received from different parts of our country, from those who have actually tried the article.

These reports agree almost universally with regard to the absence, when Sulphate of Cinchonidia is used, of the unpleasant after-effects frequently resulting from the employment of Sulphate of Quinia.

When used in the same or nearly the same doses as Sulphate of Quinia, it ranks equal to it in anti-periodic and tonic effect.

The following are a few of the statements in regard to the article. From

"Dr. C. B. Reed, Caledonia Station, Boone Co., Ill., April 15, 1875:—My experience has all been confined to districts pervaded by malaria, causing considerable periodic disease of the intermittent and remittent type, with its well-known influence upon all prevailing diseases. My uniform success in the treatment of disease is mainly due to the very free use I have made of the preparations of Bark. Of these preparations I consider Sulphate of Quinine and Sulphate of Cinchonidia the best. As a tonic and febrifuge, I do not find any difference, though there are some of the immediate effects of large doses of Sulphate of Quinia that are very disagreeable to every one, and which prevents its being used in many cases. To the Sulphate of Cinchonidia no such objection exists. I consider it capable of doing all that ought to be done by Sulphate of Quinia."

"Dr. E. Andrews, Professor of surgery, Chicago Medical College, April 28, 1875; I have for two months been using Sulphate of Cinchonidia as a substitute for Quinine. I find that in certain cases large doses arrest headache and neuralgia. One very

sensitive patient who is obliged to use Quinia often, and well knows its effects, says that Cinchonidia produces the same increase of vigor, without the unpleasant sensations that follow Quinia."

"Dr. Wm. E. Quine, Professor Materia Medica, etc., Chicago Medical College, Chicago, April, 1875: So far as my experience in the use of Cinchonidia has gone it certainly justifies me in the belief that it ranks equal in power as a tonic and anti-periodic with any of the other derivations of the Cinchona."

Jas. S. Whitmore, Metamora, Ill., July, 1875. It is our object in this paper to call the attention, especially, of country practitioners to the unqualified value and merits of this drug as a tonic, febrifuge, and anti-periodic. So far as our experience has gone with the use of this alkaloid—cinchonidia sulph.—we are disposed to attribute to it, very nearly, if not quite, an equivalent therapeutic value with that of the sulphate of quinine. We have used it in the same doses—ten to twenty-five grains—with complete success in interrupting the paroxysm of intermittents; we have administered it, in connection with morphia, to dispel the malarial complications that sometimes occur in pneumonia with satisfactory results; and, in acute rheumatism, we have substituted it for quinia, whenever the latter drug seemed to be indicated, with unequivocal benefit. We have had this spring (1875) in this vicinity more than a usual amount of malarial or periodical diarrhoea and neuralgias, both among children and adults, for the relief of which we have been in the habit of prescribing the sulph. cinchonidia, with other appropriate remedies. In these cases the same amount was given as that of sulph. of quinia under similar circumstances—we seldom or never had to repeat the dose—and its administration was attended with the most complete and satisfactory results.

This article—cinchonidia sulph.—can be obtained by the quantity for from seventy-five to eighty cents per ounce, and, therefore, we would respectfully ask the question: If the value of this agent as a tonic and febrifuge is equivalent or nearly so, to that of quin. sulph., and its commercial value only one-third of the latter, is it of no concern to the country practitioner, who has to furnish, at great expense, annually, his own drugs, not only to the wealthy, but to the indigent from whom he never expects to receive one farthing for his services, and for whom he labors solely for the sake of suffering humanity, for the answer of a good conscience, and the gratitude of his beneficiaries?

Extract from a letter of Dr. F. B. Eisen Bockius, Medical Director of the North Star Dispensary, Chicago, Ill., October, 1875.

In a public charitable medical institution, which like the North Star treats annually from 10,000 to 14,000 patients, it is obvious that the cases in which a remedy of this nature is demanded are very numerous, and the opportunity for investigation almost unlimited. Though but a few months have elapsed since I commenced its trial, the instances of its employment have grown into hundreds.

As the results of experiments upon the lower animals, in which a fatal effect had been produced by Cinchonidia. I found but one common and constant pathological change—viz: intense congestion of the anterior portion of the cerebral hemispheres. In this peculiarity your alkaloid resembles cinchonia, and differs from quinia, which causes hyperæmia of the investing membranes, and frequently injection of the brain tissue itself.

My attention has been especially directed to the therapeutical application of Cinchonidia in its administration as tonic, anti-periodic and alterative with the annexed results:

As Tonic—In cases of impaired digestion—except when accompanying great general debility or nervous prostration—it ranks equal with quinia, while in disordered alimentation, co-existing with cerebral or arterial excitement, Cinchonidia is vastly the superior of that derivation. Your remedy is less apt to create gastric irritation, and is more readily borne by children.

As Anti-Periodic—In recent intermittent and remittent fevers it has surprised me by the rapidity, certainty and ease with which it arrests the paroxysms, and, as well, by the almost total absence of unpleasant effects upon the sensorium, such as are often urged as a valid objection to the employment of quinia. In malignant remittent (congestive chill) I have not had occasion to test it, but I do not doubt its efficacy. When, however, we have to deal with old or chronic cases of periodic fevers the remedy has proven at my hands less energetic in gaining control of the disease than quinia, although it affords a much surer immunity from a return of the disorder.

As ALTERATIVE—I am fully persuaded that Cinchonidia

possesses in a marked degree a hitherto unnoticed property as an alterative. My attention having been pointedly attracted by the rapid improvement of chronic (probably tinctured with specific poison) ulcers, affecting patients who were under treatment for ague, (and upon whom quinia and iron had been used without mitigation of the local malady) directly the system was brought under the influence of Cinchonidia, administered in anti-periodic doses; repeated experiments always affording the same results, I am compelled to admit to the alkaloid a medicinal virtue very similar to that possessed by "*Equatoria Garcinna*," (when the Bliss & Kean fl. ext. is deprived of its iodide of potassium and bi-chloride of mercury), that is, a tonic alterative, differing from colchicum and the minerals in the fact that it maintains and increases the tone of the system while it exerts its power as an alterative.

The conclusions I draw from my experience with Cinchonidia are somewhat as follows: It is tonic, anti-periodic and alterative; it is less (than quinia) a local irritant, either when applied externally or administered by the mouth, and also disturbs, less injuriously, the functions of the various organs of the body; if taken in poisonous quantities it causes congestion of the anterior lobe of the cerebrum, which may possibly be urged to inflammation; in cerebral, arterial or inflammatory excitement it is preferable to quinia, (when, of course, either is indicated), as it affords a more perfect security from relapse than its rival, and, while less rapidly energetic, it maintains its influence for a greater period of time.

In private practice I employ Cinchonidia as frequently as quinia, while for Dispensary uses I greatly prefer the former, both on account of its reduced price, (which is always an object with charitable institutions), and because of the permanence of its effects.

North Star Dispensary is employing Cinchonidia almost exclusively, and if the preparation proves itself as useful in the future as in the past we will not soon discard it.

After the therapeutic value of a remedy is ascertained, it is very pertinent to consider it in a mercantile light.

In this, Sulphate of Cinchonidia has a decided advantage, being now sold at about one-third the price of Sulphate Quinia. To the individual purchaser and the practitioner who compounds his own prescriptions, this is an important item.—*The Vincennes Western Sun*, October, 1875.

HINTS ON THE TREATMENT OF CONSTIPATION.

Habitual constipation is not a trivial affection. Its management requires much care and perseverance on the part of both physician and patient. Its causes are numerous, and should be diligently sought for, if we expect to manage a case with any degree of success. The constipation of the young is the result of dryness and solidification of the fæcal matter from active absorption in the small intestines, and without treatment, under ordinary circumstances, would cease after a few years. By improper treatment it often becomes a serious affection; and at the time when nature should afford relief, we find many suffering from obstinate constipation and the long train of symptoms incident thereto. In the treatment of these do away with all cathartics and laxatives. The giving of aperients by the mouth for a very local affection confined to the opposite extremity of the intestinal tube, besides being a circuitous measure, is moreover attended with inconvenience and disadvantages. Commonly we can accomplish all that is desirable by proper attention to diet. The food should be pultaceous and herbaceous. A porridge once a day of barley and oat-meal will often be sufficient to regulate the bowels. Ripe fruit should be used with little restraint, and lemonade or cider drank freely. Should this system of diet fail to remove the affection, the next thing to be tried in addition is injections. A simple one of considerable volume of tepid water should first be employed; this failing, it can be medicated with castor or olive oil or turpentine.

In cases of constipation from indolence of the bowels we find especial indications for belladonna, nux vomica, and astringent injections. It is now generally believed that belladonna brings about increased peristaltic action. The cause of this increased action may be direct stimulation of the muscular coat by atropia carried to it with the blood, but other causes have been suggested which seem worthy of consideration. When this drug is administered in small medicinal doses it causes a remarkable dryness of the throat and tongue, difficulty in, yet constant efforts at, deglutition. The changes in the act of micturition are remarkable and noteworthy. This is often hurried and frequent, sometimes interrupted, and occasionally there is slight strangury. In the throat the mucous secretion is obviously checked, the membrane is seen to be dry, and its surface is rendered more susceptible of irritation; hence the constant efforts at deglutition. I believe the

effect of the drug on the other mucous membranes to be of the same nature; and in the bladder this arrest of mucous secretion results in irregular and frequent micturition. According to the above view its action on the bowels is easily explained. The mucous secretion being checked, the irritation caused by the contents of the intestinal canal, when its surface is thus unprotected, produces more prompt and vigorous contractile action.

Nux vomica acts as a stimulant to the motor nerves, and is especially indicated in those cases where there is reason to suspect a general want of tone in the bowels in consequence of long-continued distention. By acting as a tonic to the muscular coat of the intestines, it increases very sensibly the activity of purgative medicines. An aperient scarcely sufficient by itself to produce a single evacuation, when combined with extract of *nux vomica* causes active purgation, and this is not followed by that reaction that characterizes purgative medicines when given as such, but on the contrary the improved action of the bowels is comparatively speaking, sustained. I have used the following with excellent results.

℞ Ext. <i>Nux Vomica</i>	gr. v.
Ext. <i>Colocynth Comp</i>	
Pulv. <i>Aloes. aa</i>	gr. xv.
Ext. <i>Belladonna</i>	gr. vij.
Ferri <i>Sulphas (exsis)</i>	gr. xv. M.

Fiat. pil. No. xx. One pill to be taken at bed time. Warm water injections should never be given in such cases. They are injurious because, as the muscular fibres are in a state of atony, they are thereby lengthened, softened, and deprived of their contractile power. Injections of cold water may be given with advantage, as they rouse the sensibility and contractile power of the intestine. In some cases I have seen good results from astringent injections. In some persons that have long suffered from constipation, particularly females, the rectum forms above the sphincter a pouch sometimes of considerable size, in consequence of distention from accumulated feces to which the coats of the bowels have been subjected. Astringent injections into the rectum cause corrugation of the muscular fibres of the bowels, which by corrugation become shorter, and thus diminish the enlargement of the cul-de-sac spoken of. These injections may be used with advantage when there is reason to suspect an abnormal dilatation of the lower portion of the rectum; for instance, in constipation

from the presence of a mechanical obstacle at the anus, caused by hæmorrhoidal tumors, swellings of a venereal, cancerous character, or contraction of the sphincter with or without fissure. These injections are, moreover, suitable, for the same reason, to females in whom constipation exists along with engorgement or retroversion of the uterus and in all persons who, having their bowels relieved only once in eight or ten days, void, after painful efforts which can be compared to nothing but a sort of parturition, an enormous mass of hardened and dry fæces. The ingredients of these injections may be infinitely varied; they may be composed of oak bark, catechu, alum, &c. Whatever plan of treatment is adopted, it is of great importance that the diet of the patient should be regulated, and all should be instructed to go to stool at certain hours each day, whether they felt called by nature to do so or not. —*Indiana Journal of Medicine*, Sept., 1875.

DEATH FROM EATING STRAWBERRIES.

M. F. Garnier relates, in the *Lyon Medical* for June 20, that on the 8th instant he was sent for to see a girl who was reported to be dying. The patient, who was a strong and healthy girl, aged fifteen, but of a lymphatic and nervous temperament, was lying insensible on her bed, in a state of complete prostration; her respiration was stertorous, her face pale and livid; the pulse depressed, excessively weak, small and intermittent. She had eaten, at twelve o'clock, a bowl of strawberries without any addition of sugar, cream, etc. It was not known whether they had commenced to ferment at all, but M. Garnier believes that such must have been the case, from the considerable distention of the epigastrium. M. Garnier immediately administered two emetics at an interval of from twenty to thirty minutes, covered her with hot linen, to endeavor to get some warmth into her icy-cold body, whilst he kept the jaws apart by mechanical means, so as to make her forcibly swallow warm water, and tickled the uvula with a feather, but could only obtain a very trifling regurgitation of the strawberries. Finally, a profuse and viscous sweat broke out all over the body, and the girl expired, her illness having lasted but three hours. M. Garnier had the coffin opened twenty-four hours afterwards, and found most distinct evidences of cadaveric decomposition, and an incredible distention of the stomach and abdomen.

M. Garnier states that it is not an isolated case in his practice. He has saved four patients by emetics, but has lost more than he has saved. He has arrived at the conclusion that, if not more than two hours have elapsed between the eating of the strawberries and medical treatment, emetics may be safely administered; but if this space of time be exceeded, he believes this means to be more hurtful than useful. The emetic remains inert in a stomach thus distended, of which it can no longer provoke contractions, and perhaps only increases its distention. M. Garnier therefore thinks that in such circumstances it would be better to give a large dose of ammonia.

He takes the opportunity of giving some advice how to eat strawberries without injury to the health. He recommends persons who can eat this fruit in its natural condition with impunity not to eat many at a time, and is of opinion that a certain amount of sugar singularly facilitates their absorption and, still more, their digestion. The juice and scraped rind of a lemon mixed are sometimes useful for the same purpose, but generally this mixture, even if compounded with powdered sugar, does not agree with every one. It is the same with strawberries and cream. M. Garnier thinks it is better to sprinkle the strawberries with a good and strongly alcoholic wine. Debilitated stomachs should not venture on Bordeaux wine; Kirschenwasser, rum, or cognac being in his opinion preferable. His last recommendation is never to eat strawberries alone; they should always be accompanied by other food, which should precede them in the digestive tube. All that has been said of strawberries applies with greater force to raspberries, which are still more indigestible; but is not true of cherries, currants and gooseberries, inasmuch as in their case chemical decomposition is much slower.—*New Remedies*, Oct., 1875.

Monthly Summary.

OF

Therapeutics and Materia Medica.

Dry Earth in the Treatment of Ulcers.

Mr. Phillips reports on the method of treatment adopted by Dr. J. Reid, in the Convict Hospital, at Haddo, Port Blair, India, in cases of ulcers, of which there appears to have been an outbreak. The wards were sometimes quite full of them. The ulcers varied

in size from a threepenny piece to the size of the hand, and the odor was very bad. Various kinds of treatment were tried, as the tincture of iodine, and all sorts of disinfecting fluids and powders. At length the dry-earth treatment introduced by Dr. Dougall, the senior medical officer, was tried. The mode of application was as follows:—Large, foul, sloughy ulcers, after being washed, were covered with a good thick layer of dry earth with a paper cutter, over which a piece of wet paper was placed as a support; the whole being neatly bandaged up. In the evening the same process was gone through. In a few days the ulcer began to clean, and when the surface looked healthy and granulating it was dressed as follows: A piece of muslin the size of the ulcer was immersed in carbolic oil, in the proportion of one of the acid to ten parts of cocoa-nut oil; with this the sore was covered, and over that the dry earth was placed, and next the moistened earth and bandage. In a short time the healing process began to manifest itself satisfactorily. Cases of gangrene were dressed similarly. The odor was almost entirely removed.—*New Remedies*, Oct., 1875.

Scarlatina Anasarca and its Treatment.

Dr. Bramwell, of Perth, having treated thirty-two cases of scarlatinal dropsy, writes to the *Edinburgh Medical Journal* as follows:

"When the case was one of moderate severity, and uræmic symptoms not a conspicuous feature, sharp purgation with drastics, such as the comp. jalap or comp. scammony powders, answered very well. It was found, however, that a very large dose was required to produce the desired effect, half a drachm or even two scruples of comp. jalap being often required for a child five or six years old. This purgation was alternated by vapor-baths, and at a later period, when febrile action was diminished, inf. of digitalis with acet. of potash was administered with good results. It will be found, however, that dropsical symptoms in the majority of such cases will persist in spite of all these means, and go on from bad to worse until alarming pulmonary complications show themselves or convulsions supervene. What now is to be our line of procedure? We venture to affirm that at this juncture abstraction of blood, either general or local—certainly general when there are convulsions—will act in a beneficial manner, and convert in a short time an apparently hopeless case into a remediable one. In order to accomplish this, however, we must not hesitate to take blood

freely, as ten ounces from the arm of a boy ten years of age, or four ounces by cupping over the loins in a child four or five years of age. Neither must we be deterred from this by the supposed anæmic condition which some writers on renal disorders have ascribed to such patients. The truth is they are not anæmic at all, but are suffering from an acute disorder associated with a very different condition of blood from that existing in chronic renal disorders, and the rapidity with which they recover after sharp antiphlogistic treatment sufficiently shows this. Depletion acts like a charm in convulsions from acute uræmia, and we have seen a free diuresis set up in forty-eight hours after its employment, unaided by any other remedies. Generally speaking, cases of anasarca after scarlatina stand antiphlogistic treatment well.

"We have treated thirty-two cases of acute scarlatinal dropsy more or less after this fashion, with only two deaths. One of the fatal cases was seen too late, when no depletion could be thought of. This patient died of acute pulmonary œdema. From the severity of not a few of these cases, and the inadequacy of other means in a considerable proportion of them, there is no doubt in my mind but that several more of them would have terminated fatally had blood-letting not been boldly employed. Let me venture then to press this valuable old remedy in this disorder upon the notice of my professional brethren who may not have tried it, especially on the rising generation of physicians, who have been educated perhaps too exclusively in an expectant or building-up treatment of all inflammations indiscriminately."

Arnica in Orchitis.

(The *British Medical Journal*, July 17, 1875).—Mr. H. G. Knaggs reports a method of treating orchitis, which he says he has for many years found very effective. It consists in the more or less constant application, while the patient is resting, of a lotion of tincture of arnica and water (one part of the former to six of the latter) to the affected part; secondly, in rubbing in an embrocation composed of one-third or even one-half tincture of arnica and soap-liniment two or three times a day along the course of the spermatic cord; and thirdly, in the internal administration of seven-drop doses of tincture of arnica, combined, when there is febrile disturbance, with two-and-a-half-drop doses of tincture of aconite and acetate of ammonia. This simple treatment, he says,

generally cures the patient in a fortnight or less. In using our remedial agents of the above-named strength, there is little danger of causing cutaneous irritation; but it must be admitted that, while some skins will bear the constant application of even pure tincture of arnica for a considerable time, there are others which are inconceivably sensitive to the action of the drug. We must, therefore, be on the watch for any show of erysipelatoid inflammation, in case such should occur.

Tar in Bronchial Catarrh and Winter Cough.

In a note sent to the *British Medical Journal*, Drs. Sidney Ringer and Wm. Murrill state that in the treatment of these complaints they have employed tar in two-grain doses, made into a pill, every three or four hours. From October to January, inclusive, its effects were watched on twenty-five patients, whose ages varied from thirty-four to seventy. All these patients had suffered several years from winter cough during the whole winter.

Each attack of the paroxysmal and violent cough lasted from two to ten minutes, recurring ten or twelve times in the day, and breaking their rest at night. Expectoration was abundant, frothy, and purulent. Breathing was short on exertion, but most could lie down at night without propping. The physical signs showed a variable amount of emphysema, with sonorous and sibilant rhonchus, and occasionally a little bubbling rhonchus at the base. These patients usually began to improve from the fourth to the seventh day; the improvement rapidly increased, and in about three weeks they were well enough to be discharged. The improvement was so decided that even those patients who, in previous years, had been confined to the house during the whole winter, returned to their work. On discontinuing the tar, relapses often occurred in a week or two, but on re-administering the medicine relief was again obtained.

Chloral Hydrate as an External Application.

Charles A. Peabody, House-Surgeon to the Boston City Hospital, writes to the *Canada Medical Record*, the results of experiments on the external use of chloral. He recommends a solution of chloral hydrate in water, from 3 to 5 grains to the ounce, as a substitute for carbolic acid for external use. Its effect on ulcers is prompt and admirable, and a case of eczema was successfully treated by it. In cases of amputation, where the surfaces took on unhealthy action, the solution changed their character and removed the

difficulty in twenty-four hours. It removes fetor, is clean and neat, does not stain, and stimulates granulations without destroying them.

Chloral Hydrate has also been used in Germany as an antiseptic application in cancer of the uterus. A strong solution—one part to twelve of water—is applied by means of cotton. Dr. Goodell, of Philadelphia, also speaks highly of it as a purifying and deodorizing agent.

Hypodermic Injection of Ergotin in Purpura Hæmorrhagica.

In the *Philadelphia Medical Times*, May 8, Dr. Andrew K. Minich gives an account of a very serious case of purpura hæmorrhagica treated successfully by the subcutaneous injection of ergotin. The condition of the child was very grave, and blood was issuing everywhere, when a grain of ergotin was injected under the skin of the arm. Sponging with infusion of oak-bark was also ordered. Four hours afterwards the profuse vomiting of blood had entirely ceased; but blood still issued from the nose. Another grain of ergotin was then injected. Next morning the bleeding had entirely ceased. He gave another injection. The small spots upon the skin then disappeared. Some fluid-extract of ergot, with sulphuric acid and opium, was then administered by the mouth. The patient made an uninterrupted recovery. Dr. Minich then proceeds to consider the pathology of purpura hæmorrhagica as read by the light of this case. He dismisses the hypothesis that the disease rests upon some change in the blood, or that it is due to a condition of fatty degeneration of the capillaries, and gives it as his opinion that the real pathology is vaso-motor paralysis; and that the ergot acts upon the capillaries by causing them to contract, and does good by inducing vaso motor spasm.

Russian Cure for Drunkenness.

H. Haurowiz says that for some time past *Herba serpylli* (wild thyme) has been used with great success to effect a permanent cure of drunkenness; in case of a relapse (only after years), a short treatment will effect a cure again. The treatment consists in making an infusion of wild thyme (1½ oz. to 1½ pints), and give the patient a teacupful every half hour. The next day it is given every two hours, and then four to six times a day until the cure is complete, which generally takes from two to three weeks. The

effects are in the following order: vomiting, diarrhoea, increased urine, strong transpiration; then, generally, increased appetite and craving for acidulous beverages. Diet: easily digested food, and lemonade or other acidulous liquids.

Ergot in Intestinal Hemorrhage.

Mrs. A., convict for life, now about fifty-six years of age, is subject, and has been for years, to frequent attacks of hemorrhage from the bowels, lasting from two to three weeks. There are no hemorrhoids; the rectum is healthy. The only associated phenomenon seeming to have any casual significance is great tenderness in the right hypochondrium, and only latterly can there be detected a decided enlargement of the right lobe of the liver, indicative from its hardness and form of at least the possibility of malignant disease.

It is not necessary to detail the various remedies this patient had for the hemorrhage, and which did no good. Finally ergot was given, half a tea-spoonful of the fluid extract four times a day, and the result is always satisfactory. It does not cure the disease of which the hemorrhage is a symptom, and therefore the latter recurs; but it diminishes the flow within forty-eight hours, and usually stops it within four days.—*American Practitioner*, Oct., 1875.

Prolapsus of the Rectum and its Treatment by the Douche on the Anus and Perinæum.

In cases of prolapsus of the rectal mucous membrane in children, in which all other means, even the actual cautery, had been used, a cure was effected by reducing the protruded portion and allowing a strong stream of water to play upon the anus and perinæum. The douche was repeated daily. The duration of treatment in the gravest cases was fifty-eight days, and relapses did not occur. In the case of an adult, who suffered from prolapsus recti with hemorrhoids, forty-eight sittings sufficed for a cure.—*American Practitioner*, Oct., 1875.

Chloral and Bromide of Potassium in Enema in Diseases of Women.

Dr. G. de G. Griffith advises the administration of chloral and bromide of potassium in enema, as nausea and the burning or disagreeable taste is thus obviated, and the gastric nerves are not affected. An irritating sensation in the rectum may be avoided by beating up the drug with one or two eggs and adding a little warm

milk. He records a case of violent puerperal mania successfully treated with nutrient injections, to which he added a drachm of bromide of potassium and half a drachm of chloral. In a case of gall-stones occurring in the person of a lady whose stomach was so irritable that nothing could be retained, and with whom all other remedies failed, injections of chloral in half-drachm doses were successful. In cases of menstrual pain and sickness, in uterine and ovarian irritation, and in irritable conditions of the rectum, enemata of chloral have been found most efficacious.—*American Practitioner*, Oct., 1875.

Belladonna in Incontinence of Urine.

Eight cases of urinary incontinence have been treated, the subjects of ages from twelve to seventeen years. In three the incontinence was diurnal as well as nocturnal; in most of them the emission occurred but once a night, in two twice, and in one three or four times. The majority dated the disorder from early childhood; at least they could not tell when they were not subject to it. In one girl, sixteen years old, it commenced a month after entering on prostitution, which was when she was thirteen years of age.

All of these girls had belladonna, from one eighth to one third of a grain, at bed-time; those in whom the incontinence occurred in the day-time had also a morning dose; one who was very anæmic had muriated tincture of iron. All of these patients, except one, were cured; nevertheless relapses occurred in four upon the withdrawal of the remedy. The one uncured was she who had been a prostitute, and the cold shower-bath succeeded when the belladonna failed.—*American Practitioner*, Oct., 1875.

Milk as a Medicine.

This article, once looked upon with distrust, has now become a valuable agent in the treatment of disease, and is on all hands recommended by practitioners of medicine as being a safe and reliable article in the list of curables. Given warm, it is declared to be almost a specific in diarrhœa. A pint every four hours, it is affirmed, will check the most violent diarrhœa, stomach ache, incipient cholera, and dysentery. It is also pronounced invaluable in typhoid fever. It nourishes and cools the body. Dr. Alexander Yale, says, "We believe that milk nourishes in fever, promotes sleep, wards off delirium, soothes the intestines, and in fine, is the

sine qua non in typhoid fever." This gentleman further says, "In scarlet fever give all the milk the patient will take, even during the period of greatest fever; it keeps up the strength of the patient, acts well upon the stomach, and is in every way a blessed thing in this sickness." The authorities in these cases say that the milk should never be boiled, as that unfits it for use.—*American Med. Jour.*, St. Louis, November, 1875.

Editorial.

EPITHELIOMA OF THE VULVA AND VAGINA.

BY A. F. PATTEE, M. D., BOSTON, MASS.

On the 2d, of Dec., 1874, I was called to see Mrs. A. Y., aged 48, married twenty-five years. Has had two children, both healthy. Her mother had carcinoma of uterus from which she died. Up to the present time she has had general good health; her habits being all correct. For the past year she has noticed a warty growth extending from the labia majora up into the vagina. About four months ago she went to a skillful physician who pronounced it to be only a wart, and treated for the same, but the more she had applied to it the more troublesome it became, and for the last three months she has had sharp lancinating pains in it, and radiating in every direction. The glands in the groin were enlarged and tender. She had the sallow cachectic countenance indicating the general cancerous cachexy. The digestive, and assimilative functions were weakened. She was low spirited, had little muscular strength and suffered from occasional darting pains in every part of the body.

On Jan'y 19th, 1875, I removed the morbid growth, which by that time extended far up into the vagina. It was three inches in length, one and one-half inches in width, and three-quarters of an inch in thickness, and weighed two ounces. The incisions were so made that the edges of the wound were situated in perfectly healthy tissue. Under the microscope the tumor appeared evidently cancerous, and was pronounced thus by a competent microscopist. The hemorrhage which was considerable, was treated with Persulphate of Iron Solution, by the application of a sponge saturated with the same and retained on the parts twenty-four hours, it was then removed, and the following Solution Iodo-Bromide of Calcium Comp., one part; water, eight parts, was constantly applied, increasing the amount of Bromide each day, until she could bear it full strength. The wound appeared healthy, cicatrization was slow, and the amount of suppuration small. Twice a day the wound was cleansed by syringing a solution of Bromo-Chloralum forcibly upon it. She took one teaspoonful of Elixir Iodo-Bromide of Calcium Comp., in water, every four hours. The wound healed without producing any troublesome contraction, in thirty

days, the mucous membrane being reproduced and presenting a healthy appearance. It is not tender to the touch, nor over sensitive. She has continued the Elixir in two teaspoonful doses, three times per day, up to the present time. The sallow look is gone, and in its place is the fresh bloom of health. The enlarged glands in the groin have disappeared, and to every appearance, she is perfectly well.

At the present time, Nov. 1st., 1875, the cicatrix is soft and smooth, and there are no indications of a relapse.

Firwein in Asthma, Following Whooping Cough.

BY X. T. BATES, M. D., NEW LEBANON, N. Y.

More than a year since, Miss A., aged 40, consulted me with regard to a troublesome paroxysmal cough, from which she had been suffering for some weeks. I diagnosed her case as pertussis, and treated her accordingly. Owing to the advanced stage of the attack, I hoped to do no more than perhaps palliate, any farther than this my measures were quite ineffectual, and even in this respect partially disappointed me. Throughout the winter months the cough continued, producing much prostration and an anæmic condition, which, both to patient and family bore so alarming an aspect as to engender fears lest the true nature of the case had been overlooked, and pulmonary consumption had been mistaken for whooping cough and its sequences, though to my own mind the former was excluded beyond a question. Cod Liver Oil, Calisaya, the Ferruginous preparations and other tonics were advised to combat the prostration, while Bromide, Potass. Morphia, Lactucarum, &c., in Syrup Wild Cherry, and Syrup Tolu, were prescribed for cough, and while both these objects were in part accomplished, neither was obtained to a degree encouraging or satisfactory. Some three months ago the cough put on an asthmatical appearance. At this time my attention was being called to the remedial properties and therapeutical uses of the FIRWEIN, and it occurred to me that here was a case in which it was indicated—certainly as a good tonic and where it might possibly exert a beneficial influence as an antispasmodic.

I at once discontinued all other medicines, and placed my patient upon FIRWEIN, ordering one teaspoonful to be taken four times a day. Improvement was manifested in a very short time, both as regards the prostration and the anæmia, while the asthmatic cough in a still more marked degree appeared to be under control. My patient has continued the use of the FIRWEIN to date, with uninterrupted progress towards a cure.

The FIRWEIN has proven in this case pre-eminently a tonic and structural restorative, as well as a potent antispasmodic.

Firwein in Pulmonary Congestion.

Mrsrs. TILDEN & Co.:

Bennington, Vt., Dec. 9, 1875.

Gentlemen—I have for two months past been suffering from a

severe cold attended with pains in the chest and constant coughing—and failed to find any permanent relief; although I had tried various kinds of treatment, until last week at the instance of a friend I procured and used a bottle of your new preparation “Firwein.” Its effects has been immediate and surprising—and I feel like a new man. All painful symptoms have left me—I can sleep well and my appetite is very much improved—After only four days trial, I feel myself restored to perfect health and I wish to express my thanks to you for this invaluable agent.

Yours respectfully, R. C. FRENCH.

Firwein in Bronchitis.—Extract from letter of CHAS. LELAND.

Messrs. TILDEN & Co.:—When in Portland, Me., Nov. 16, I met at the U. S. Hotel, a Mr. Holcomb, whom I have known for some years, he had been suffering from a Bronchial difficulty with hemorrhage in the morning, and night sweats and was declining. I gave him a bottle of Firwein—a week following, I saw him again, and was informed by him that after the first night after he commenced its use the night sweats ceased, and had had no hemorrhage since. Appetite was better than for months, and voice fully restored. He now writes me that he is improving, and orders 3 bottles sent him, which please forward.

BROMO-CHLORALUM.

Extract from letter of Dr. A. G. Coleman, Limerick Square, Pa. Oct. 29, '75.

“I have found the Bromo-Chloralum an excellent preparation for bed-sores—nothing equal to it—and in all other respects it is quite entitled to the commendation it has received.”

NATIONAL REFORM.

The National Association, organized to maintain existing Christian features in the American government, and to secure the Religious Amendment of the constitution of the United States, met in Philadelphia on the 9th inst., for the transaction of its annual business. The Hon. Felix R. Brunot, of Pittsburgh, President of the Association, occupied the chair. Steps were taken to secure articles of incorporation, under the name of the National Reform Association. The maintenance of Sabbath Laws, the retention of the Bible in the common schools, the defence of the Judicial oath and other Christian features of the government, and the securing of suitable religious acknowledgements in all new State Constitutions, were expressly recognized as among the objects of the society. The next national Convention was appointed to be held in Philadelphia during the last week in June, 1876.

Correspondents will oblige by writing plainly their names, Town, County and State. We are frequently unable to answer letters because these are omitted.

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SUPPLEMENT

TO THE

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OF

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REMEDIES.

GEO. H. TILDEN, Medical Publisher.

P. O. BOX 67, NEW LEBANON, N. Y.

TILDEN & COMPANY,

MANUFACTURING

PHARMACEUTISTS *and* **C**HEMISTS.

FLUID AND SOLID EXTRACTS,

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ELIXIRS, SYRUPS,

MEDICINAL LOZENGES,

CERATES & CONFECTIONS,

ELIXIR IODO,

FIRWEIN,

MALTOPEPSINE,

And other PHARMACEUTICAL PREPARATIONS.

SUPPLEMENT

—TO THE—

Journal of Materia Medica.

ELIXIR IODO BROMIDE OF CALCIUM COMPOUND IN DIPHTHERIA.

BY X. T. BATES, M. D., NEW LEBANON, N. Y.

I do not claim for the Elixir Iodo Bromide of Calcium Comp. a specific in the treatment of Diphtheria, but I have found it a remedy of no little importance as an alterative in the incipient and advanced stages of this disease. In the former I believe it often so modifies the attack as to give it *diphtheroid* character, while in the latter its therapeutical action is to eliminate the virus be what it may, that left undisturbed would produce a morbid condition that makes the case one of great severity, of complications and sequels, or one of fatal termination.

Epidemics of diphtheria have given me opportunities of treating this disease with and without the "Elixir," and I cannot but pronounce in favor of the results obtained in cases where the Elixir has been called into requisition as an adjuvant, and I am confident that a judicious use of the remedy does much toward affording relief, lessening the chances of severity, and diminishing the fatality of this disease.

If we regard diphtheria constitutional, its progress, extension and successive invasions of the different parts due to the agency of some internal determining influence, why not, in connection with the approved therapeutical measures, such as tonics, stimulants and alimentation, administer some constitutional remedy? In my own practice where this has been done, *rarely* has a diphtheritic attack had a fatal termination.

Whenever in the treatment of diphtheria we meet with strumous indications and complications, we are particularly directed to constitutional measures. The Elixir Iodo Bromide of Calcium Com. possesses the power of counteracting to a great degree this strum-

ous poison in the blood, and is so authenticated by the various cases reported, as to entitle it to a place with the Profession of scarcely less reliability as a specific in scrofula, than is quinia in intermittent fever. I have been using it for several years, and in my hands it has proven so successful as an anti scorbutic that I assert its claims with a positiveness I can urge in favor of no other alterative. Moreover, so far as my own opportunities of observation enable me to judge, much importance should be placed on the *protective* influence of the remedy against diphtheria; and I do not hesitate to recommend its use as a prophylactic, particularly to children exposed to the disease, in doses proportional to the age. In connection with the other medicines which may be suggested by the nature of individual cases, almost invariably the Iodo has an important part to play, may be prescribed with no apprehension that it may act deleteriously. It has been my practice to give the Elixir in teaspoonful doses every four hours. As a local application I prefer Bromo-Chloralum, half an ounce, Saturated Solution Potass. Chlorate sufficient to make eight ounces.

Use frequently as a gargle, or apply on a soft sponge.

ELIXIR IODO BROMIDE OF CALCIUM COMP. IN MALARIA.

Some weeks ago, in the Journal of Materia Medica attention was called to the use of the Elixir Iodo in Malaria, since which time we have continued our investigations in this direction, and are satisfied that we shall be supported by physicians who may give this remedy a trial, in all we claim for it as possessing anti-malarial virtues, unsurpassed by any medicine which has heretofore been brought into requisition in the treatment of this disease.

It seems to act as an eliminant of the virus which generates this protean malady and in many cases we believe will be found essential in perfecting a cure.

In the management of all chronic cases of malaria particularly, do we commend this agent as an adjuvant to Quinia or any anti-periodic which may be used. We present the following as an illustrative case:

M. A., aged about two years, a member of a household of five, all of whom were suffering from malaria, two prostrated with the quotidian type the remaining three suffering from latent intermittent fever, complaining of indefinite ailments, such as loss of appetite, headache, lassitude, nausea, and frequent vomiting. A local cause was found sufficient to account for the two well defined malarious cases and the same we regarded presumptive evidence in favor of malaria being the special morbid agent which was producing the sickness of the three other members of the family. Quinia was administered and under its influence all speedily recovered with the exception of M. A.

In this case the symptoms of lassitude, nausea, &c., persisted. There was also a concomitant eruption about the mouth and on a large portion of the face which was both harrassing and loathsome.

The Elixir Iodo was finally freely administered, and under this treatment convalescence shortly became thoroughly established and passed on to complete recovery.—EDS.

HIP JOINT DISEASE CURED WITH ELIXIR IODO.

We were visited last week by James Calkins o' Sand Lake, Renns. Co., N. Y., a young man 20 years of age. His case was a Scrofulous affection of the hip, and called Hip Disease by the many physicians who had attended him. He had been afflicted several years and much of the time confined to his bed, with four large abscesses.

He states, that he commenced the use of the Iodo, two years ago when he procured a bottle and took it with considerable relief; the discharges lessened and the sores finally healed. Its persistent use for two years has resulted in a cure, and he is now able to go around with a cane, though one limb is three inches shorter than the other. He washed the ulcers with Bromo-Chloralum.

The experience he gives is very similar to that of others. He began with small doses and gradually increased to nearly one ounce a day. The appetite at once improved, his food digested well and he gained rapidly in flesh; the discharges ceased and the abscesses healed.

FIRWEIN.

Dr. Goss, of Marietta, Ga, in his new work on Materia Medica and Therapeutics, now in press, thus refers to its value in Bronchitis, &c.

Firwein is a compound of the medical principles of the Balsamaceæ, Ceriferæ, Leguminosæ, Pinaceæ, Styraceæ, with a certain quantity of Phosphorus, Iodine and Bromine added to each pint.

The above orders of trees and plants yield certain balsams, resins and oleo-resins, associated with peculiar acids and volatile oils, which render them very valuable remedies in diseases of the lungs and bronchial tubes. They have been used from time to time, in the form of vapors, tinctures, syrups and infusions, in catarrh, bronchitis, and in phthisis pulmonalis, but the above combination is due to Tilden & Company, of New Lebanon, N. Y., and to them the profession is indebted for one of the most potent remedies in lung affections ever brought to our notice. In catarrh the Firwein has proven very successful. In chronic bronchitis and phthisis it has also proven one of most positive benefit, not only palliating the cough, but toning up the digestive and assimilating organs,

and thus preventing undue waste of tissue. The balsamic and oleo-resinic principles associated as they are, with phosphorus, iodine and bromine in the Firwein, give this preparation a very wide range of application. It is not only palliative of the cough, but potent in its reconstructive influence over the diseased tissues. It not only exerts a certain influence over the mucous surfaces of the respiratory apparatus, but also over the mucous membranes of the uterus, bladder, and urethra. I have used it in several cases of chronic bronchitis recently, and find it to lessen the distressing cough, the profuse expectoration, and to increase the appetite and digestion of the patient, and thus prevent that prostration which always attends such cases of disease.

This compound has been tested by many very eminent physicians in bronchitis and phthisis, and found to be very positive in its curative effects. In chronic bronchitis there is generally a very harrassing cough and most frequently the disease is accompanied with excessive expectoration, which debilitates the patient rapidly unless these sources of exhaustion can be remedied. In such cases, the soothing effects of the balsamic principles contained in the Firwein, have been found very efficient in arresting the profuse mucous discharge and in lessening the frequency of the cough, and such is its specific influence over the mucous surface, that it soon removes the chronic inflammation upon which the disease depends. This same influence is exerted over other inflammatory conditions of the mucous surfaces. It also exerts a curative influence over Phthisis Pulmonalis in its earlier stages. In this affection, there is always depraved digestion or perverted nutrition, if not both, hence the utility of this compound, containing as it does, iodine, phosphorus, and bromine, with the balsams, oleo-resins, and acids of the above orders. In the treatment of this disease we want something to improve the digestion and assimilation, in this compound we have both. It may be associated with tonics and cod-liver oil. Its dose is 1 to 2 drams three times a day.

Maltopepsine.

Guyton, Ga., April 2, 1882.

Messrs. Tilden & Co.

Gentlemen—I enclose \$6.00 for which please send the value in Maltopepsine. I expected to send larger order, but one patient has put off as patients often do. I am delighted with the Maltopepsine and expect to use a great deal of it, so much so as to desire to obtain it at first cost. I think I shall repeat order very soon, perhaps in the course of a week. Send by express to my address.

Yours very truly,

J. Y. Lawrence, M. D.

JOURNAL OF MATERIA MEDICA.

Maltopepsine.

Hastings, Neb., April 8, 1882.

Messrs. Tilden & Co.,

I have used your Maltopepsine for some time past, with good success in children's diseases as cholera infantum, dyspepsia, in gastric vomiting and vomiting of pregnancy.

I can recommend it in all diseases where the stomach is the cause of sickness.

Yours Respectfully,

Dr. F. Naulteous & Son.

Camden, N. J., April 24, 1882.

Gents:—The sample of Maltopepsine which you sent me I have used with the most gratifying results.

Dr. E. J. Switcher.

Tilden & Co's Maltopepsine and Other Preparations.

Minneapolis, Minn., July 14, 1882.

Messrs. Tilden & Co:

I have just discharged a case of erysipelas in a child of ten months old which has been treated by several physicians, without producing any good result. The child has been completely cured by the use of the Elixir Iodo Bromide of Calcium Comp.

Yours truly,

J. Bowers, M. D.

East Weymouth, Mass., June 4, 1882.

Gents:—The samples of medicine came to hand all right, and I am very much obliged to you for them. Two of them I am now using the "Iodo" and the "Furweil." I think this latter is a very superior remedy for the purposes for which it is prepared, and especially so in diseases of the lungs; the other I shall test thoroughly, as I have some cases especially for it. I am sorry I had none with the Bi-chloride in it.

Yours,

N. Q. Tirrell, M. D.

St. Cloud, Fond du Lac Co., Wis. July 20, 1882.

Messrs. Tilden & Co:

Please forward me at your earliest time a package of Maltopepsine. I would like to try your "Diphtherine;" there has been a number of fatal cases around me—three children all in one family.

The "Maltopepsine" has cured the convulsions and bowel complications connected with gastritis, in a child three months old, given up by all friends and two doctors that came on my hands.

Yours fraternally,

A. C. Gibson, M. D.

Newark, N. J., July 19, 1882.

Messrs. Tilden & Co :

Dear Sirs—The samples of your preparations, Firwein and Elixir Iodo Bromide of Calcium Comp., were received by me in due time; since that time I have given your preparations a preference before others I have been using in the past, and I consider to-day your Firwein a most reliable agent in affections of the lungs and throat. Your Elixir Iodo Bromide of Calcium Comp. has answered my expectation as an alterative well, and I shall continue to prescribe and recommend it. Yours truly

Dr. T. Meeker.

Weedsport, N. Y., June 23, 1882.

Dear Sirs—Many thanks for the sample package of your pharmaceutical preparation sent me. I have been prescribing your preparations for the past twenty years when indicated with good results. The Ferrated Wine of Wild Cherry and the Elixir Iodo Bromide of Calcium Comp. very largely.

I remain yours truly,

O. C. Clark, M. D.

Lexington, Ind., July 13, 1882.

Messrs. Tilden & Co.,

I am in receipt of your circulars and in reply would say I have been using your Elixir Iodo Bromide of Calcium Comp., and Firwein since the fall of 1876. I have tried the Elixir in quite a variety of complaints or diseases and as a general thing have found it effectual in curing the disease prescribed for. I have found it valuable in scrofula, goitre, enlargement of the spleen and liver, cutaneous diseases and other diseases for which it is recommended

Yours respectfully,

A. H. Lothrop, M. D.

Firwein in Phthisis Pulmonalis.

BY X. T. BATES, M. D. NEW LEBANON, N. Y.

—Miss C., aged 20, had consulted me more or less for some two years, for a cough and pain in left side, which finally developed into Phthisis, unmistakable to a casual observer. I early diagnosed the case such, and treated her with Cod-Liver Oil and Phosphate Iron, but with little or no good results, save perhaps that of partially arresting the progress of the disease and preventing to a certain extent waste of tissue.

At the time I prescribed Firwein my patient was much reduced in strength—nutrition impaired—voice feeble and hoarse—breath deficient, even to preclude an amount of active exercise and labor, for which muscular strength was adequate; a condition of things amounting to almost complete destruction of the left lung. The

right also showed indications of disease, and I could discern a gloomy prospect only, that of early death.

I prescribed Cod Liver Oil and Firwein—dissolving in the latter pyro. iron gr. i. to grs. ii., and ordering a teaspoonful to be given four times a day. This treatment was continued to the exclusion of all other medicines. Convalescence was soon apparent, which has been uninterrupted to the present time. Patient now able to resume her vocation as a seamstress. The left lung is still impaired the right is entirely reconstructed. A year or more has elapsed since I called your attention to Miss C. During the interim she has occasionally taken the Firwein. She is now in the enjoyment of better health. Her entire system seems to have undergone reconstruction. The anæmia has largely disappeared; strength improved; difficulty of respiration greatly lessened; is now serving in a family where her labors are light.

CASE SECOND—Late in the summer of 1880 I was called upon to see Mr. D., who for several months had been on the decline. Of English extraction; occupation, farmer; aged 36 years; dark complexion; had been a man of great endurance, almost an entire stranger to any prostrating sickness.

It appears that several months previous to my visit he contracted a cold, which was attended with intractable sequences, a cough and expectoration. These were soon followed by pain in the chest impaired muscular strength, pallid countenance, loss of appetite and very great emaciation.

Medical advice was early brought into acquisition, though, notwithstanding a speedy cure was promised, these symptoms continued to assume a graver form until he was obliged to abandon his work. During the summer season he was able to endure scarcely more physical exercise than that incident to a short walk. His dissolution seemed near at hand—earthly agencies futile to even stay the progress of the disease.

Such the history and condition of my patient at the time of my first visit. An examination revealed a frequent pulse, impaired nutrition, much prostration and rapid destruction of the left pulmonary lobe. I resorted to measures both reparative and sustaining. Advised the most nutritious diet and the following:—

R. Firwein, ℥ viii. Pyro. Phos. Iron. ℥ iv. Take one teaspoonful four times a day. This treatment has been continued unchanged. Opium, Quinia and Pot. Bromide have occasionally been prescribed, but continued only so long as necessary to accomplish a specific object.

The result has been most gratifying. The cough and expectoration gradually gave way, the pain soon yielded, the pallor became supplanted, the appetite revived, nutrition visibly improved, as indicated by progressive increase of weight and strength. Com-

plete absence of resonance and suppressed respiratory murmur over the left lung show the destruction which has been arrested.

The disease, if not permanently removed, has at least been rendered passive, and under the influence of the Firwein become non-progressive.

Firwein in Diabetes Mellitus.

In a previous number of the *Journal* we referred to the use of Firwein in Diabetes. Several other cases have since come under our observation which have been greatly relieved by its persistent use. One case of a gentleman, a banker, residing in Indiana, we desire to mention particularly, as we were supplied with the urine weekly, and tested the same by Fehling's test, which showed gradual and decided change in the percentage of sugar, decreasing from eleven per cent. *plus* to less than four per cent.

Having reason to believe that this gentleman's system was affected with Scrofula, we suggested the use of the Elixir Iodo Bromide of Calcium Comp., as an alterative, and with decided improvement as will be observed from the following note:—

"I have taken the Elixir Iodo once or twice daily, Firwein three or four times a day, and have to say that I must certainly be improving; my strength is better, my appetite is now good, and the distressing symptoms of thirst very much abated, and the quantity of urine is lessened.

I had the pleasure of an interview with this gentleman in July, and learned that the distressing thirst which had so long afflicted him had nearly abated. In a letter afterwards he remarks:—"I am feeling quite well, and ascribe it generally to the remedy you have recommended to me, and am greatly encouraged."

"Since I wrote you last, I have been improving in health, and now, thanks to you. I ascribe my improvement to the persistent use of Firwein and Elixir Iodo Bromide of Calcium Comp. I think I can safely say that the quality of urine discharged is almost, or quite down to normal amount for men of my age, and the desire for water or liquids is very greatly relieved. I am feeling so well that I intend making a trip to the mountains in Colorado, on a hunting expedition, this fall."

This case shows only an appreciable quantity of sugar.

Again, he writes:—"I am greatly improved. Urine less in quantity; quite normal; quality better. I owe my improvement and present good health and strength to the use of Firwein. I have also seen good results from its use in cases of Bronchitis. My daughter used it and improved greatly."

Maltopepsine in Chronic Dyspepsia.

Mr. Gibson, M. D., of St. Cloud, Fon du Lac Co., Wis., April 19, '82, writes:

"My wife has been a sufferer from chronic dyspepsia for a period of years, during which time she has been under almost constant treatment and although she had used the most approved remedies and has availed herself of both the curative measures, and dietetic suggestion which science advises she derived little or no benefit, until she began taking your preparation Maltopepsine. The results in her case have been so gratifying and satisfactory that I am constrained to submit them to you, which you are at liberty to use as you see fit.

When she was first placed upon the use of Maltopepsine her throat was so affected from the malady she could swallow only with the greatest difficulty, the passage to the stomach seemed nearly closed, and her efforts to swallow almost at times produced strangulation and much distress followed the taking of food. She was much emaciated, and in short her symptoms indicated "Laryngitis Stridulus." She has suffered from this formidable malady for many years, and as an old physician I have used nearly every medicine recommended in such cases with only temporal relief.

Now after two weeks treatment with your Maltopepsine, her digestion and appetite are better than they have been for years. She swallows without strangling or difficulty and in fact she is so much better I feel sure I have the *specific* for Indigestion and Dyspepsia at hand. I may save my wife many years, and it does seem she will become permanently cured.

Maltopepsine.

We would again most respectfully call the attention of our readers to Maltopepsine, which the Profession regard as a very important remedial agent for Indigestion, Constipation, Dyspepsia, Vomiting in Pregnancy, Nervousness, Loss of Appetite, all forms of gastric derangements, atonic diarrhoea and indigestive diarrhoea of children.

Physicians have found Maltopepsine very beneficial in all cases of Neuralgia, and sick-headache caused by indigestion, and sufferers from these complaints, through its instrumentality usually experience prompt relief in neuralgia of intercostal muscles over the heart caused by impaired digestion. Sufferers for years from attacks of indigestion have gained immediate relief by the use of Maltopepsine.

Maltopepsine has proved signally successful in many cases of reflex vomiting due to pregnancy, after other remedies usually prescribed for this trouble had failed entirely.

SUPPLEMENT TO THE

Maltopepsine has proven itself a grand success in cases of cholera infantum, chronic diarrhoea and bowel complaint.

The increasing demand for Maltopepsine since its introduction, which has been developed through the agency of the Profession, and their unqualified opinions regarding its value, in all cases where it is indicated, enables us to present this to you with the utmost confidence, that a trial of it will secure your favor and endorsement.

FORMULA FOR MALTOPEPSINE.

Sugar of Milk.....	35 ounces	Lactic Acid.....	8 fl. drams
Nutritives of the grain..	10 “	Hydrochloric Acid....	5 fl. “
Dioscorein.....	10 “	Phosphoric Acid.....	3 fl. “
Pepsine.....	16 “	Aluminium	3 fl. “
Diastase.....	6 “		

Firwein in Chronic Diarrhoea.

St. Cloud, Fon du Lac Co., Wis., March 17, 1882.

Messrs. Editors:

Permit me to say I have not used a single preparation of Tilden & Co's but has met my expectations, and often happily disappointed me in their wonderful curative power. Were I to single out any one for peculiar value, I should not know which one to choose.

Let me quote a single case of Mrs. Ella Stern, residing in New York City, who had been afflicted with malignant chronic diarrhoea for years, I give her residence and answer to my prescription *verbatim* for I think it is due to other sufferers, and to them, that these facts be known, and if you think proper you may give it to the public.

110 East 71st St., Feb. 20, 1881, N. Y. City.

My Dear "Uncle Doc."

Your welcome letter should have been answered long before, but I have been waiting to see if my first impressions of that Firwein were not over-rated, and if it really was going to prove any benefit to me.

For two years I have suffered with that "weakness." I have dieted until I was about reduced to the verge of starvation and such a quantity of sugar pills, powders, etc., as I have taken!

The "Firwein" prescribed by you I purchased of a first class druggist on Broadway, took a teaspoonful before each meal, and dare I say that I am cured. I have been so much better, have felt well, and eaten heartily. The bottle is only half empty, and it has done me more good than all the trash I have taken for two years past. I have not taken any for many days past. I thought my trouble was incurable. Many thanks and hereafter I would like you for our family physician.

Your affectionate Niece, Ella Stern.

JOURNAL OF MATERIA MEDICA.

My friends the above message came to me, unsought and unexpected and this ought to give more interest to the testimony of my niece, in behalf of Tilden & Co.'s incomparable "Firwein."

Will you send me a bottle or package of their "Maltopepsine," my wife is a dyspeptic and I would like to have her try it.

Yours Fraternally,

A. C. Gibson, M. D.

Firwein in Chronic Bronchitis.

Copake, Columbia Co., N. Y.

Messrs. Editors—The use of Firwein in marked cases of Chronic Bronchitis, leads me to regard it as nearer a specific in that affection, than any other remedy heretofore placed in the hands of the profession.

Yours truly,

W. D. Swain, M. D.

Syrup Hypophosphite Compound.

Jackson, Tenn., April 7, 1882.

Messrs Tilden & Co.,

Gents—I have been using your Syrup of Hypophosphite of Soda, Potash and Iron with manganese, with great success in certain diseases. I greatly prefer your preparations to any others.

Yours,

Dr. I. W. Williamson.

Elixir Iodo Bromide of Calcium Comp.

Bushnell, Ills. April 28, 1882.

Messrs. Editors—Tilden & Co's Elixir Iodo Bromide of Calcium Comp. has become the standard alternative of the age. I have prescribed hundreds of bottles in the various forms of strumous diseases and have found more uniform success with this than with any other remedies of the alternative class.

Respectfully yours,

R. A. Pinckley, M. D.

Conloocorch, Md., May 17, 1882.

Messrs. Tilden & Co—I have used your Elixir Iodo Bromide of Calcium Comp. and fail to find anything its equal.

Yours truly,

C. Blaisdell, M. D.

Logans Creek, Reynolds Co., Mo., March 6, 1882.

Editors—I have used your preparation for the past 12 years, with great satisfaction. Have used no other Ergot but yours for the past six years.

Yours truly

B. C. Vandyke, M. D.

Elixir Iodo in Scrofulo-Syphilitic Swelling of the Nose.

BY DR. J. C. RUTHERFORD, NEWPORT, VT.

Case 1st.

Gentlemen:—Having used in my practice for several years in a great variety of cases, Tilden & Co's Elixir Iodo Bromide of Calcium Comp., I have thought that it might be interesting to them and to your numerous readers to learn what my experience has been with it.

Miss L. B., aged 14 years, French Canadian. Early in the spring the mother of the girl noticed that the nose of the child was considerably swollen across the bridge, the swelling extending somewhat under the eyes. There was an unpleasant discharge from the nostrils and breath offensive: there was tenderness of the parts. Not apprehending anything serious, I was not consulted until the following June. I was unable to get anything definite as to the history of the case and absolutely nothing as to its cause. When I first saw it the swelling had involved the whole of the nose (except the end), extending latterly to the malar bone (or process) and above the root of the nose. Either side of the nose was swollen full to a level with the bridge of this organ, giving to the face a repulsive appearance. Examination of the nostrils found the turbinated bones completely destroyed and the nostrils had the appearance as if they had been scooped out. The stench from this was intolerable and no one could remain in the room but a few minutes with her. She was anæmic, very much emaciated, with an anxious and troubled countenance. As I suspected the disease to be of a syphilitic character, I examined the mouth and throat but found no evidence of disease there. The case looked hopeless and I gave an unfavorable prognosis. The parents being anxious to have something done, I thought an excellent opportunity was afforded to try the Elixir Iodo Bromide of Calcium Comp., which was commenced immediately. The treatment was as follows:—Elixir Iodo Bromide a teaspoonful three times a day before meals.

R. Diphtherine, one part water four parts. M. The nostrils to be washed with this every six hours. Bromo Chloralum to be used as a disinfectant. A generous diet was given.

From the commencement of this treatment there was a steady improvement in the general health of the patient. About twelve or fourteen days from my first visit, the roof of the mouth became very sore and very much inflamed. A few days after this a piece of bone was removed from the nostril $\frac{1}{2}$ of an inch in length and about $\frac{1}{2}$ inch in width and about two lines in thickness it being a portion of the palatine arch. The edges of this piece of bone were very irregular and the two surfaces rough. The next day another smaller piece was removed having the same appearance as the other. The ulceration had now extended through into the mouth having a hole large enough to receive the index finger.

It now became evident that the nasal bones were involved in the disease and were ultimately destroyed. From the commencement of the nasal douche there was a diminution in the stench and there was a steady improvement in this respect and hopeful progress towards a cure; and at the end of eight months I discontinued my visits considering the patient so far cured as to need no medical attendance. Now, at the end of four years there has been no recurrence of the disease or anything that would excite apprehension of a return.

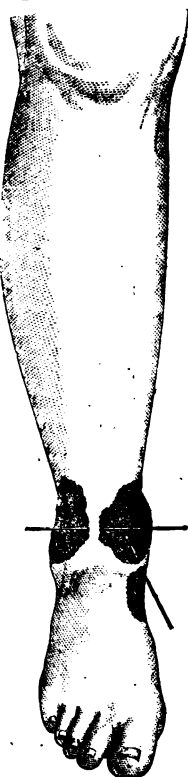
When we reflect upon the extremely low state of health and the character of the disease at the commencement of treatment, we cannot but look upon it as a remarkable cure. And as there were no other remedies whatever used we may consider this a fair test of the efficiency of these three preparations, and that we possess no other remedies that act so promptly and so efficiently in this and similar diseases as the Iodo, Bromo-Chloralum and the Diphtherine, and it is my opinion that but for these remedies this case would have terminated fatally.

Elixir Iodo in Ulceration of the Leg.

Case 2nd.

Mrs. P., aged 37 years, mother of four children. First saw this case Sept. 17, 1879. I found an ulcer on her right leg just above and partly involving the ankle, extending up the leg to the breadth of a man's hand and taking in the whole circumference. The edges of the ulcer were hard thick and rounded, and these edges overlapped the granulating surface, from one fourth to one inch, in such a manner that a probe could be carried around under the flaps to the extent mentioned. The edges of the ulcer were very irregular. There were two places where the skin had formed bridges across narrow places in the ulcer, that were one and one half inches in width and a probe could be carried under these bridges from end to end. One was over an inch, the other half an inch in length and about three-sixteenths in thickness. There was no disposition of the skin to adhere to the surface beneath. Ulceration deep with offensive discharges. This is a brief description of the ulcer.

She had suffered from this over fourteen months—it constantly increasing in size and offensiveness. Her sufferings were such that her health was failing. From the appearance of the ulcer and her general appearance I was inclined to the opinion that it was of malignant character,



and so expressed myself to her and gave but little encouragement as to recovery. She had tried everything that promised relief, and I had but little courage to try it myself. But as she was anxious to have me make a trial I ordered proto iodide hydrarg. pill (1:100 gr.) one to be taken three times a day, and wash the ulcer three or four times a day with solution carbolic acid—she was to call again in ten days. No apparent improvement. A more careful investigation of the case led me to suspect the ulcer was of syphilitic origin, and the treatment was based upon this opinion, which was as follows—Elixir Iodo Bromide of Calcium Comp., a teaspoonful three times a day. B. Bichloride Hydrarg. grs, ij. Water ℥i. M. The ulcer to be brushed over with this three times a day, with a camel's hair brush. The ulcer to be cleansed (before using it) with soap and water. Lint covered with cosmoline to cover the whole ulcerated surface: apply a roller from the toes to above the ulcer and this to be kept wet with a solution of carbolic acid. From the first there was a steady improvement in the appearance of the ulcer and her health. There was no change in the treatment until about the 1st of December when the Elixir Iodo Bromide of Calcium Comp. was combined with *Bichloridi Hydrarg.* The improvement from this time was rapid and beyond all expectation. Feb. 15th, 1880, ulcer entirely healed—cicatrix smooth, with but one or two uneven spots upon the surface. The new skin had the usual discoloration of healed ulcerated surfaces on this part of the body. Otherwise there was nothing to indicate that there had been such an ulcer as I have described. I should have stated before that when she first came to me she was obliged to use crutches, and when she last presented herself while under treatment, she only used a cane when walking on the street and this was simply to insure herself against accident.

March 29, 1880. There is no sign of the ulcer breaking out again, the new skin having become quite firm, and she is able to attend to the household affairs of a large family and has no need for artificial support in walking.

As no other remedies were used during my treatment of the case than the above named, the proof of the value and efficiency of the Elixir Iodo Bromide of Calcium Comp. is stronger than any comments I could offer could make it. I would add that in my opinion we possess a remedy for this class of diseases in the Elixir Iodo, and this surpasses everything yet used.

Elixir Iodo Bromide of Calcium Compound in Scirrhus Affections.

BY X. T. BATES, M. D., NEW LEBANON, N. Y.

While it is very true there are no specifics, it is equally true that certain remedies are so pre eminently fitted to combat certain morbid conditions as to simulate very nearly a specific if not to

merit that dignified appellation, specific. And in the medical treatment of cancer, particularly in the incipient state, prolonged experience and observation lead me to regard this agent a very essential factor, relatively as much a specific as is quinia in intermittent fever, mercury in syphilis, or vaccine in variola. I have used this Compound in the several stages of cancer but only in the initial or formative stages do we regard it potent to achieve curative results. But in the more advanced stages it possesses a decidedly controlling influence. We have observed its utility in materially arresting the progress of the disease, by so holding in check its corrosive action as to stave off the frequency of hæmorrhage and in this way, undoubtedly to prolong life. We desire to call attention to two cases in which we have prescribed this medicine with marked success.

Case 1. Female, married, mother of one living child, of a scrofulous diathesis, æt 40 years consulted me some two years since, for a suspicious lump in the left mammary gland about the size of a walnut. It was stony hard, and had been pronounced scirrhus. She was intending to submit to an operation for its removal. I discouraged surgical interference, and at once placed her on the use of the "Iodo" in teaspoonful doses after each meal. The patient reported herself after the expiration of six weeks. There was no apparent change in size of swelling. The same treatment was again advised, and was continued for nearly a year. In the meanwhile I saw her several times, and noticed decided improvement. The tumor seemed to diminish in size and to shrivel and finally to present the appearance of a lifeless lump. The medicine was then discontinued. More than twelve months have elapsed during which time the lump has remained inactive. It now occasions no anxiety nor serious apprehension. I no longer regard it a source of evil. While it is very true we are unable to positively affirm it was a scirrhus growth, and destined, without treatment to assume proportions fatal to life, still there was presumptive evidence that such was the case, and I cannot but think the cure was effected by the Elixir Iodo.

Case II. M. A., married, mother of two healthy children, æt 45 years, first noticed a small indurated surface in right mammary gland. She paid little or no attention to it, until it had grown to the size of a hen's egg when she sought advice of a physician. Topical application of comp. tinct. iodine was advised, and small doses of iodine and iron administered internally. But this treatment seemed ineffective.

When she consulted me first, the tumor had a diameter of two or more inches, and presented a dark purplish appearance. I advised removal at once, by the knife. She submitted to the operation.

SUPPLEMENT TO THE

My treatment subsequent to operation consisted of 'Elixir Iodo' and a ferruginous tonic. In this case the 'Iodo' certainly seemed to exercise a salutary influence and for a season hopes were entertained that a radical cure would be effected. The wound healed rapidly and almost complete. The whole system seemed undergoing a most salutary change. The suspicious excrescences in cicatrized surfaces, for months remained inactive, but finally assumed an offensive and aggressive character, and sped their way on quickly, defiantly resisting medical interference. Hæmorrhages succeeded hæmorrhage, inducing great exhaustion which terminated life.

The effect of the Elixir Iodo was for a while to hold the disease in abeyance and had the treatment with it been instituted at an early date as in case 1, may it not have resulted in a cure.

The information which I received regarding appearance of the lump, when she first noticed it, and its slow growth, confirms me in the impression that its growth would have been arrested and her life been saved by the timely and persistent use of the Elixir Iodo.

Syphilis.

BY G. LINEAWEAVER, JR. M. D., LEBANON, PA.

I have used Messrs. Tilden & Co's Elixir Iodo Bromide of Calcium Co., with marked success in the treatment of primary syphilitic eruptions in a young man of 17 years of age. I quote his case

Mr. H. C., 17 years of age, occupation, carpenter, consulted me at my office for an eruption of the skin which had been treated by quite a number of physicians, without any apparent benefit. He also had some induration and softening of the axillary glands, and glands of the groin, etc. The eruption was the primary syphilitic. I inquired into the family history and symptoms and taking the general appearance, etc., I at once diagnosed the case as scrofulosis—in other words as transmitted syphilis. For what it is scrofula but the offspring of syphilis. We also know that there is always functional disease of the liver connected with syphilis or scrofula, thereby inducing the icteroid or yellow appearance. My treatment was as follows:

I put him on a generous diet, then ordered—*R* Elixir Iodo Bromide of Calcium Comp., 1 pint. *Sig.* Teaspoonful four times ter die. Also *R* Liq. hydrarg et arsenici iodide, 3 iv. *Sig.* Gtts vi, three times ter die, one hour after meals. I furthermore used an ointment composed of the following:—

R Cosmoline
Ung. hyd. nit. aa 3 x
Acidum Carbolicum gtts vi
Pulvis opii grs. xv

As an external application, I then prescribed for the functional disorder of the liver, the following:

R Hyd. chlor. nit. grs. vi.

Q Pv. Jalapa. grs. iv.

Mix into pil. xv. Sig. One, morning and evening.

After a weeks treatment I discontinued the Donovan's solution and also the powders, and found the patient much improved. I then used nothing but the Elixir Iodo Bromide of Calcium Comp. and the ointment. In two weeks more my patient was cured. The eruption had disappeared and he had gained fifteen pounds in flesh. Now the question is will this young man ever be troubled again? This I leave to the medical profession to decide. As for the Elixir Iodo I *know* it cured the case, and I am *very well* pleased with it, not only in this case, but in a hundred of others.

Elixir Iodo Bromide of Calcium Compound in Hemorrhoids.

MESSRS. TILDEN & Co.

I am using your Elixir Iodo Bromide of Calcium Compound with marked success in hemorrhoids. Having recently observed two obstinate cases in which positive cures were effected by its use, both of which were chronic.

The subject in one case was a young man, much broken down in body in consequence of this hemorrhoidal affliction. He had been persistent in seeking medical advice, but all measures had proven futile—wholly abortive.

In the other case the victim was an elderly man, who had been a sufferer a large portion of his years, having actually gone from medicines to incantations. In both instances a permanent cure was effected by your Elixir Iodo Bromide of Calcium Comp.

I shall be pleased to hear through the Journal of Materia Medica, the testimony of others regarding the efficiency of the Elixir Iodo in similar cases.

J. G. WILSON, M. D.

Maltopepsine and Firwein.

Harper's Ferry, Allamakee Co., Iowa, July 25, 1892.

Messrs. Tilden & Co.

Your letter received to-day, and in reply beg to thank you for the package of medicines you kindly sent me. Until to-day, I had no opportunity of asking one of my patients, who used the "Firwein" and "Maltopepsine." He is a Roman Catholic priest, and speaks highly of both. I have been in the habit of using your preparations, and though I find it difficult to get them in my next city—Lansing, I generally wait until the druggist gets them. I would like to have some preparation for external use.

SUPPLEMENT TO THE

After reading Dr. Bates' account in Journal of Materia Medica for June, I sent to Lansing for Firwein, to use it in a case I have, of what I regard as incipient phthisis pulmonalis. This patient has been treated in Dubuque with Cod Liver Oil, &c. still she is losing in flesh. The druggist did not have it, but will in a few days. Next month and the month following, this place situated on the west bank of the Mississippi, abounds in intermittents.

Again thanking you, I am yours truly,

W. I. NOLAN, M. D.

Tilden & Co's Fluid Extracts.

Elizaville, Boone Co., Ind., Aug. 22, 1882

Gents:—I wish to inform you that your fluid extracts were the first drugs of the kind that I ever saw or used, to the best of my memory.

I consider Tilden's Fluid Extracts standard goods, reliable and of equal strength, speaking from an experience of thirty-two years.

Yours truly,

J. M. Steelsmith, M. D.

Elixir Iodo Bromide of Calcium Compound.

BY E. T. BATES, M. D. NEW LEBANON, N. Y.

BRONCHOCELE. M. A., adult, laborer, sought medical aid for a tumor occupying the front of the neck, which had been growing for a long period. The history of the case was not obtained in detail. He had been under treatment but to no effect. The only encouragement in way of a cure which his physicians had given him, was to submit to a surgical operation for its removal. This tumor had been diagnosed bronchocele, and such undoubtedly it was. It had steadily grown until finally it began to assume a threatening attitude, and its removal seemed a necessity. The patient fully comprehended his situation, and was ready to accept any medical advice which was alluring with any degree of hope.

In this situation he was placed on the Elixir Iodo Bromide of Calcium Compound in drachm doses in half a wine-glassful of cold water after each meal. This treatment constituted almost the exclusive course of medical interference and was persistently adhered to for several weeks, before any encouraging results seemed apparent. Then the tumor began to show unmistakable indication of subjection. The use of this "Elixir" was faithfully continued and under its influence the tumor slowly wasted away and finally quite disappeared. The patient has ceased to regard himself an invalid. The interval which has elapsed since this medicine was discontinued, we think justifies us in pronouncing the cure radical.

HÆMORRHOIDS. R. E., mechanic, æt 50 years, a sufferer for a

term of years, from frequent attacks of hæmorrhoids, which compelled him to frequently relinquish his work. He was a man of considerable means and had spared no expense to secure efficient treatment. But he had found only temporary relief. At certain intervals the paroxysm continued to visit him in defiance of all his preventive measures.

He was ultimately induced to take our treatment with the "Iodo." No other remedies were used. A complete, and we trust, radical cure was effected. At all events, a period embracing two or more former intervals has elapsed, and he has enjoyed immunity from this trouble. But a few evenings since, he called at our office and expressed himself as cured.

Repeated experience with this "Elixir" in similar cases, demonstrates its utility in hæmorrhoidal affections. In this malady, as in all other diseases, where it has achieved good results it seems to exert an hæmæmætic influence.

SUSPICIOUS INDURATIONS—M. G., married, aged 40, consulted me for a hard lump in the right mammary gland, was giving her much disquietude of mind. It had been pronounced malignant and an operation for its removal advised. I placed her on the "Elixir" alone. She saw me at short intervals for several months. The growth finally began to shrivel and to assume a defensive attitude. It has continued to diminish and has ceased to be the cause of grave apprehension.

I saw this patient a few days since. She remarked to me to the effect that her breast was about well.

In this case, true, the growth may not have been malignant, but it certainly had such an appearance, while all the circumstances attending its development favored such a diagnosis.

M. R. married, æt. 38 years, came to me for advice concerning a hard lump which was being slowly developed on the under lip.

The Elixir Iodo was advised, and under its influence it gradually lessened in size and disappeared entirely.

Elixir Iodo Bromide of Calcium Compound in Hæmorrhoids.

BY K. T. BATES, M. D. NEW LEBANON, N. Y.

Case 1. M. A. aged 60 years, for many years a sufferer from athritic rheumatism, which had produced much distortion of the joints and had been a constant source of pain. At the time of my first visit he was in great distress occasioned by hæmorrhoids, the suffering so intense as to make him almost oblivious of the fact, that in any other respect he was an invalid and the victim of a painful disease. It appears, the odor emanating from these hæmorrhoids was very offensive, the surrounding parts inflamed and

swollen, and his attending physicians had fallen into the error of associating with his local troubles a cancerous growth, and had so expressed themselves, thereby taking away all hope, save perhaps of temporary relief. In his distress he expressed himself—"quiet the pain and that is all I ask."

I learned that for a period of years he had been under constant medication finding that little or no, or at the most only temporary relief. His last resort was the carrying about his person some article which should have the effect of charming away all pain.

Physical exploration revealed no evidence satisfactory to me, of the existence of cancer complicating his troubles. With a view more to satisfy my patient who insisted that something should be done, than with the expectation of producing a curative result, I administered the Elixir Iodo Bromide of Calcium Comp. in teaspoonful doses in water, one-half hour after each meal. In connection a palliative wash was prescribed, which had the effect of quieting the harrassing pain and controlling the disturbed condition of his mind, which had been constantly going out after relief, repeatedly seeking new nostrums and changing medical advisers, and thus affording me an apposite time and opportunity to treat the malady itself. While I imposed little confidence in the curative virtues of the Iodo in this case, I had confidence to believe this alterative, if any, would accomplish the desired object.

The "Iodo" was persistently used and soon the most favorable and encouraging results were apparent; the tumefaction began to lessen, the hardness to give way, and pain to abate. In a short time his condition became so promising, that patient became quite as clamorous for a cure of his rheumatism, as at the onset he had been vehemently positive that something should be obtained that should subdue his pain and gain rest. He seemed to regard the measures emp'oyed to extract him from the terrible condition in which he had lain for so long a period, competent, successfully to storm the citadel of any malady whatever.

The Elixir Iodo was perseveringly used, until not only complete relief was obtained, but a radical cure, I may say, was effected, for at date of his demise, which occurred two years later, there had been no recurrence of his hæmorrhoidal troubles.

Death occurred in consequence of valvular disease of the heart. Under the influence of the Elixir Iodo, the whole system seemed to recuberate and a good degree of health and strength was imparted.

Case 2. P. H., mechanic, æt. 55 years, in apparently fair health with the exception of the piles, which were of so grave a nature as to materially interfere with his life work, and at times lay him aside. The reflex effect of which was morbid sympathetic influences, neuralgia in its multifarious manifestations, impaired nutrition, and dyspepsia in its most aggravated character.

His family connections and pecuniary possessions had given him every facility for securing the most competent medical advice, and I learned that he had submitted himself to various methods of treatment without experiencing any benefit whatever.

Every effort to cure having aborted, for a while he abandoned every line of medication. But his disorder finally assumed so aggravated and threatening a character that he felt compelled again to resort to the use of medicine. In this dilemma he was persuaded to take the Elixir Iodo Bromide of Calcium Compound. He held to this remedy to the entire exclusion of everything else; for a period of weeks, when improvement manifested itself. Then he seemed inspired with fresh hope and continued taking the medicine with full confidence in its curative virtues, until all inconvenience incident to the hæmorrhoids disappeared. The period of treatment comprised several months. The result was a cure which seemed permanent. At all events there has been no reappearance of the disease since the Iodo was abandoned.

Elixir Iodo Bromide of Calcium Compound in Cases Occurring in Cases of Scrofulous Diathesis.

BY X. T. BATES, M. D., NEW LEBANON, N. Y.

The following cases illustrate the efficacy of the "Elixir Iodo" in scrofula and scrofulous complications, as attested by my experience with it for a period of several years.

M. A. — a lad of twelve years, came to me suffering from a swelling on the femur near the hip. Exploration revealed presence of pus, and an incision was made, from which a large amount of pus escaped. The discharge continued, accompanied with daily decrease of strength and flesh, and finally pieces of dead bone appeared. The ordinary hæmatinic, tonic and alterative remedies were prescribed, but apparently without producing any encouraging results. Decline seemed constant and unchecked. The countenance and character of the discharge seemed more threatening. In this case I was particularly desirous of testing the anti-scrofulous powers of the Elixir Iodo in a fair and impartial way, and in consequence had given its several cogener remedies a prolonged trial; but becoming satisfied they were incompetent to effect the requisite change in the system, I abandoned them and substituted the Elixir Iodo Bromide of Calcium Compound in teaspoonful doses in water, half hour after each meal.

This constituted my entire alterative treatment. In connection as an hæmatinic I administered the Ferrated Wine of Wild Cherry, before each meal. These measures were persistently used for a period of many weeks, when convalescence became apparent and continued uninterrupted. The general tone of the system slowly improved, his countenance gradually assumed a brighter

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and more encouraging aspect, step became stronger and firmer appetite revived, and the young man's convalescence went on uninterrupted. No other treatment was instituted. The use of the "Iodo" was not relinquished till after the fistulous openings were all closed, and comparative health restored.

Here was a condition that had obstinately resisted all previous line-of medication, and which yielded at once to the action of the "Iodo." An interval of more than two years has elapsed. The limb has remained sound.

A. P., laborer, met with an accident which occasioned severe contusion of the left forearm. An abscess supervened, and the sore assumed an ugly and angry appearance. The abscess, I understand, ran its course quickly and broke, discharging freely. After an interval of some days, the wound showing no inclination to heal, and there being no abatement of inflammation nor of swelling, he sought competent medical and surgical advice and was subjected to a prolonged treatment of several months. While under treatment, several pieces of dead bone appeared and his condition became such as to inspire him with discouragement and grave apprehensions of the final result in his case.

In this condition he came to me for advice. The arm was greatly swollen, had many fistulous openings from which there was a constant sanious and semi-purulent discharge. Constitutional effects were apparent.

I prescribed a ferruginous and stimulating tonic and good nutritious diet and at once placed him on the use of the Elixir Iodo in drachm doses in water four times a day. Under this treatment beneficial results were soon apparent, which naturally must be attributed to the influence of this Elixir, inasmuch as the patient had previously been under the care of most practical and scientific physicians. These measures had not only aborted, but seemed utterly futile to stay the progress of the disease.

A complete cure was effected.

Chronic Scrofulous Ophthalmia. Malarial Cachexia.

Extract from letter of J. M. Brannoer, M. D., McKenzie, Tenn

"Some four or five years ago I wrote you, in behalf of a poor widow who had a daughter afflicted with Chronic Scrofulous Ophthalmia, requesting you to send me some Iodo Bromide of Calcium Compound, in order that I might try the remedy in her case. You kindly sent me a supply of the medicine; and I immediately put the young lady upon the use of it, to the exclusion of all other remedies. In a short time improvement was manifest; and it was not long before the patient was restored to health and usefulness.

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I have had remarkable success with the use of some of your remedies in the treatment of disease; and have been intending to report some of the cases for the Journal. One case in particular, a case of Malarial Cachexia, with enormous enlargement of the spleen, which had been treated by a number of physicians and pronounced hopeless, yielded to the Elixir Iodo Bromide of Calcium Compound, and in a few weeks was entirely restored to health. I will report this case in full very soon."

Elixir Iodo in Scrofulous and Rheumatic Cases.

Extract from letter of E. A. Wharton, Esq., Breckenbridge, Mo.

"I am happy to inform you of the growing demand for your new remedy the Elixir Iodo Bromide of Calcium Comp. It is recommended and used by our best physicians in all Scrofulous and Rheumatic cases, whether acute or chronic and with the best results."

Elixir Iodo in Chronic Rheumatism.

Cole's Ferry, Charlotte Co., Va., March 23, 1882.

Messrs. Tilden & Co.,

Gentlemen:—The case of chronic rheumatism that I alluded to, occurred in Campbell Co., Va., where I formerly resided.

I was sent for to visit Mr. Whitt Phillips, aged 26, son of Jno. B. Phillips, Esq., residing near Evington Depot, in said County. His father informed me that he had been suffering with rheumatism for over two years. Had tried several physicians, and as he stated it, every remedy that could be thought of or read about, and none seemed to give more than temporary relief. I found him very much emaciated and very melancholy, weak, debilitated and anæmic, scrofulous diathesis, limbs drawn so badly that he was unable either to stand on them or stretch them out. My prognosis was unfavorable. Indeed I could promise simply to do what I was able, without giving encouragement. I had the sample bottles of Iodo Bromide of Calcium Compound and Bromo Chloralum, and at once resolved to test their efficacy: ordered teaspoonful doses Elixir Iodo and syrup iodide of iron three times a day, and limbs to be rubbed well with Bromo Chloralum poured into a saucer previously heated, morning and night, and afterwards wrapped in warm flannel. As he was very nervous at night prescribed equal parts am. tinct. valerian and Hoffman's anodyne. After using these remedies for a week or so, stopped use of Bromo Chloralum and substituted volatile liniment with tinct. canph. —used this two weeks, and again fell back on the Bromo Chloralum.

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My second visit was paid two days after the first, when my patient expressed himself as much encouraged and stated that for the first time in two years he felt that he would get well. His recovery was slow and gradual, but sure. I would charge the preparation of iron sometimes when he became tired of it, but kept the Elixir constantly at work, and when he sent the order to you for half a dozen bottles, he stated he was sure he wouldn't need it. In eight months he rode out, the first time for nearly three years, and in ten months from the time of my first visit he walked half a mile to church. He regained his flesh and strength rapidly, went to work the next year and has never been sick a day since. I neglected to state that there were some glandular enlargements on right side about the parotid and sub maxillary glands that entirely disappeared in a month or two after he had commenced the use of the Elixir.

Sam McDaniel age 22, son of Judge J. R. McDaniel, I relieved in two weeks by the use of the Elixir Iodo Bromide of Calcium Comp. and Bromo Chloralum, of a severe attack of acute rheumatism—using Elixir internally and the Bromo Chloralum externally

Count me as a fast friend of your Elixir. I know you will meet with the success that you so richly deserve.

Very respectfully and truly yours,

T. E. STRATTON, M. D.

Elixir Iodo Bromide of Calcium Compound in Malaria.

BY X. T. BATES, M. D., NEW LEBANON, N. Y.

By reference to the formula of the Elixir Iodo will be noticed the fact that some of the most efficient and popular alteratives enter into the composition of this comparatively new medicine, alteratives too, which the physician almost daily brings into requisition to combat disease. Alteratives, we are told by Waring, are medicines which gradually correct the deranged or morbid condition of an organ or of the constitution and restore it to its healthy or normal state without evidencing their action by any immediate or sensible evacuation—that alteratives are applicable to chronic diseases and passive derangements, that in all chronic disorders it may be laid down as a general rule that nothing is to be gained, and that much mischief may be the result from the employment of violent medicines. He further remarks that when medicines are given with a view to their operating as alteratives, they generally require to be administered in small doses and to be persevered in for a lengthened period, namely, weeks, and perhaps months.

Such are the pathological conditions, and such are the contingencies of administration, subject to which I believe this Elixir

Iodo may be used with almost unfailing success in that very numerous class of diseases arising from the introduction into the system of a subtle poison, which though slow in its operations, is sure in its hostility, manifesting its presence in deranged nutrition, impaired strength, morbid countenance and general decline.

My familiarity with the Elixir Iodo antedates its introduction to the profession and my knowledge with it as an alterative and eliminant is based on actual knowledge of its therapeutical efficiency. The first cases in which I used this remedy were caries and necrosis, which had defiantly resisted medication, but under its influence they slowly improved and were finally quite cured and the entire system in these subjects seemed imbued with new life and more vigorous and healthful action.

Later I administered this remedy in several cases of scrofula and scrofulous indurations as manifested by periostitis, exostosis, abscesses, indolent ulcers, cutaneous blemishes and glandular enlargements with most gratifying results; with this treatment enforced I have seen suspicious conditions of the nose, lip and mammary glands cease active operations, slowly yield, and finally altogether disappear.

In persons of a strumous diathesis under my observation, bronchial cough has succumbed to this agent and cures have been effected when decline seemed rapidly passing on into a state of certain dissolution. Here in these bronchial cases, undoubtedly the *causa morbi* was struma engaged in a work of undermining the health which unchecked, was destined to terminate in incurable disease of the lungs; a condition which supportive and anodyne measures had failed to reach, and where, it appears, an alterative influence was required to effect a salutary change.

My experience with the Elixir Iodo has been quite protracted and in the varied diseases and multiplicity of complications in which I have been privileged to enforce the treatment, so uniformly good results have followed that I have grown to incorporate it as an auxiliary measure in the management of nearly every chronic disease and of many acute affections. My confidence in the remedial virtues of this Compound as an alterative and curative has become so strong that latterly my attention has been directed to it as the very agent needed to successfully combat all malarious conditions and complications, and I cannot forbear urging its general use particularly in malarious districts, where the influence of malaria is apt to pervade all affections and claims special measures of treatment.

Its value as an adjuvant in acute cases lies in its eliminant power. While quinine interrupts the paroxysms and temporarily relieves, as too often its relief is only temporary, its cognate "Iodo" comes in to eradicate the malarious virus and thus to "permanent"

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the cure already temporarily effected by quinine. Malarious poison may slumber inactive in the system for a period of months or even years, without taking on any apparent hostile form, or showing itself in its true character, that of an enemy, and then again only a few days may elapse after its reception, before its morbid effects are manifested, but while it there exists it is an evil working evil however slowly and to what extent it may act as the indirect or exciting cause of sickness or, how considerably it may aggravate or complicate other diseases is problematical, and the object of treatment should be not alone to interrupt the paroxysm but to completely extirpate the special poison.

Relapses are liable to occur even when quinia has been judiciously administered, and the most approved measures have been resorted to and not infrequently the disease passes into a chronic form, and in this stage and state the Elixir Iodo should be used and continued for a period of weeks and months. But, when the fever assumed a low adynamic character, or when an anæmic complication coexists, a chalybeate becomes an essential addition to this treatment. In the majority of chronic cases, the simple Elixir will be quite sufficient. This remedy will be found particularly adapted to such complications as organic disease of liver or spleen and in these cases, be the other "measures of necessity" what they may, the Elixir if properly and faithfully used, becomes an important curative factor by virtue of its alterative properties, and will be found, we believe superior to Iodide of Potassium alone.

In chronic enlargement of the spleen, it should be used as special treatment in connection with Iodine Paint. Its claims also as a prophylactic against malaria are worthy of investigation, and it is a question whether in malarious sections, the persistent and daily use of this medicine may not be efficacious in effectually preventing relapses, even though under circumstances of fresh exposure to the special cause and also in preventing the acquired malarial diathesis.

We are confident the physician in the treatment of this protean malady will derive much satisfaction by adopting this agent as an auxiliary measure. Malaria is a species of toxæmia, and why is it not rational treatment, in combatting it, to employ alterative as well as supporting and antiperiodic measures—to institute a course of medication, which will have the effect to nullify the prevailing poison by antagonizing or eliminating it.

A very convenient method of administering quinia in these cases is to use this Elixir as an excipient.

This Elixir Iodo Bromide of Calcium Comp. is composed of a solution of bromine, of iodine, chlorine, calcium, iron, sodium magnesium, and potassium and possess associated properties, which

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are tonic, stimulant and alterative, enriching the blood with its hæmatine element, and improving the nerves, muscles, in fact the constitution at large, at same time stimulating the excrementory functions and exerting anti-toxæmic energy. In an article on Diphtheria which appeared in the "Virginia Medical Monthly," Dr. Bayles says of this agent, "It is very certain that this elaborate composition acts as a very prompt alterative, where blood impurities are the occasion of illness; also a stimulant when relaxation of muscular tissue is due to blood alteration; also as a supporting agent in supporting fresh elements of a reliable character, to the blood, nutrient elements, in fact; and also as a tonic to the secernent system. It ranges throughout the physical economy, adjusting differences and compensating for losses."

Elixir Iodo Bromide of Calcium Comp.

Mexico, Oxford Co., Maine, Feb. 24th, 1882.

Gents:—I had the asthma for fifteen years and could not get any permanent relief until I got to using the Iodo. I have taken more than twenty-five bottles and have not had the asthma for three years, and my health is the best it has been for the last twenty years.

Respectfully Yours,

V. M. Abbot, M. D.

Bronchocele Case in Practice. Cured by the Use of the Elixir Iodo Bromide of Calcium Compound.

BY X. T. BATES, M. D., NEW LEBANON, COLUMBIA CO., N. Y.

Mrs. W. H., aged 41 years, of Irish extraction, married and mother of a large family, in indigent circumstances, and in consequence obliged in addition to the onerous duties and manifold cares at her own home, to take extra burdens in neighboring families when she could obtain employment, and go out working by the day among the farmers, sometimes under the necessity of walking three or four miles in order to meet her engagements, consulted us Dec. 25, 1875, for an enlargement on the neck over the thyroid gland, which, we ascertained, had been diagnosed bronchocele, and which diagnosis received our support. She remarked "I am come here as a last hope; do not tell me that you cannot help me."

We learned the physician whom she had consulted just prior to coming to us, advised frequent painting with comp. tincture of iodine, and, in connection with this topic, gave her medicine for internal use, but she had no knowledge of what it was composed.

She had consulted several physicians, all of whom treated her similarly, giving her little or no encouragement that medical skill would avail and saying to her that surgical interference would finally be necessary.

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It appears that the tumor was first noticed sometime in 1872, and that during the interim that had elapsed prior to seeking our advice, it had uninterruptedly been enlarging and had grown, to sue the words of the patient "out so long as the skin would stretch and then it began to choke me."

The left side was the larger setting the head a little over to the other side, neck quite stiff, tumor very firm and hard, countenance anxious and pallid, much difficulty in deglutition which actually prevented her taking sufficient nourishment to sustain her strength, general health miserable, irregular in every regard, headache and dizziness, distress in the back, but there was no indication of humor or skin disease. no other gland enlarged, no other tumor developed. She further observed, "My strength is less every week I notice as I go to my work, and sometimes I break down over it. I cannot rest nights, the bunch pulls so heavy if I am on my side and I cannot breathe if I lie on my back." The poor woman did not in the least exaggerate, it was all true.

As an alternative for her general health, we gave her the Elixir Iodo Bromide of Calcium Compound, in two teaspoonful doses in water after meals, and as a discutient topic advised the solution of Iodo, diluted with soft water, one to six parts, directing her to wet a woollen cloth in this diluted Solution and wear it nights over the tumor, to bathe the throat mornings with the same and to wear a dry flannel during the day time. We hoped certainly to see her relieved, but must confess was greatly surprised at results.

January 11, 1876. There was marked improvement, bowels regular, color of face or countenance more healthful, spirits more vivacious fulness and pain in head quite relieved.

March 4th—The gland decidedly less hard and less in size, patient hopeful, sleeps nicely, appetite and digestion good, feels stronger, but mentions a bad taste comes up—We suspect a discharge somewhere into the throat, and yet may have nothing more or less than a temporary disturbance occasioned by the Iodine in the Elixir Iodo, similar to the peculiar taste in the mouth and odor of breath frequently produced by the internal use of iodide of potassium. We directed her to increase the medicine by a fourth dose at bedtime. The remedy with her proved slightly laxative, and it seemed best to have that effect somewhat increased from that time for the space of two weeks she had from two drachm doses daily. The external application was used as freely as practicable. Here we were governed by the amount of irritation produced.

May 20th. She came to advise with us as to the necessity of her taking the medicine any longer, observing that she had not felt so well nor so able to work in years. We gave her the sixth pound bottle with directions to take one teaspoonful dose a day, till she had consumed the entire contents.

The next time we saw her, she was feeling active, strong and well, and engaged in the onerous duties of her home without pain or unnatural prostration. No other medicine than the Elixir Iodo was prescribed, excepting for the first two weeks of treatment when a four-grain assafetida pill was administered at night.

From time to time we have heard of her as continuing well, the light and strength of her household and believe that it is to the "Iodo" alone that she is indebted for her restoration, that the priceless boon of the last six years of service to her family has been secured through the agency of this medicine.

About October 15th, of the present year we received a message from Mrs. W. H., requesting us to send her another supply of the same compound as we had given her when she was under our care for her goitre. Correspondence elicited the fact that her throat was not swollen, that there were no indications on the part of the old enemy of resuming hostility, that there were no local symptoms whatever, but that she desired the medicine because as she expressed herself, "I am feeling out of order." So we must conclude it was for general effects that she wished to return to the use of this Elixir. We subsequently, and very recently too learned from her that she is deriving benefit from its use.

In her case the "Iodo" not only produces marked alterative but equally marked tonic effects, lifting her up from prostration of nerve and muscle to strength of both.

A Cure of Varicose Veins Effected by the Use of the Elixir Iodo Bromide of Calcium Compound.

BY K. T. BATES, M. D., NEW LEBANON, COLUMBIA CO., N. Y.

January 17, 1883. J. M., aged 60 years, farmer, of a scrofulous diathesis, occasionally a sufferer from hæmorrhoidal attacks and very frequently from severe pains in his back, though the hæmorrhoids constituted his principle physical infirmity with exception of enlarged or varicose veins. The latter at time of treatment were beginning to disable him.

I learned that he first noticed, some forty years since, that the veins on his legs below the knees were enlarging, and they steadily increased in size until they measured in places, two or more inches, became sore, painful and threatening and greatly interfered with or obstructed the performance of his farm duties. At times he was in such a condition that he could barely leave the house and was obliged to relinquish his work. Not only were they a growing source of physical weakness and disability but of nervous depression and despondency, a condition that probably the kidney, hæmorrhoidal and varicose troubles each played a part in producing.

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In this forlorn state, he was placed on the Elixir Iodo Bromide of Calcium Compound in teaspoonful doses in water three or four times daily. The effect was surprising and most gratifying. Within a very short time he noticed change in these blood vessels. They seemed smaller, less painful, and a lessening source of inconvenience and disability in walking and working. He was quite encouraged and needed no persuasion to continue taking the Elixir Iodo. He persisted in its use for a period of six or eight weeks taking in all nearly two pints, when a cure seemed so nearly effected that he relinquished the medicine entirely. All tumefaction was reduced, all pain disappeared, and the veins so contracted that they presented only a trifle knotted and swollen appearance, a condition which a longer use of this alterative would have completely removed.

A period of two or more years has elapsed without any recurrence of the varicose state.

We saw the patient to-day, strong and hale, enduring the toil, exposures and burdens incident to farm life, so well preserved, that, apparently he has the promise of many years of usefulness.

He had been using no other remedies, no mechanical appliances whatever, and ascribes, as unmistakably is the fact, his cure to the action or effect of the Elixir Iodo.

In this case we had also a kidney complication, constant pain in the back over region of the kidneys, brickish-red and thick deposit or sediment. But no analysis of the urine was made, inasmuch as this complication soon succumbed, rendering analysis unnecessary, nor has it reappeared. Hence we have no reliable data by which to determine the nature of this kidney disturbance.

Under treatment with this Compound, there was also produced marked curative change in his hæmorrhoids.

Had patient been disposed to continue treatment systematically, and under advice, we believe not only his varicose and kidney difficulties, but as well his hæmorrhoids, would have been entirely and radically cured.

It seems to us that no other alterative has so wide a range of adaptability which so generally satisfies as the Elixir Iodo Bromide of Calcium Compound.

Elixir Iodo in Benzema.

Centre Effingham, N. H., March 29, 1883.

Messrs. Tilden & Co:

Noticing in a late number of your Journal of *Materia Medica*, (for which accept my thanks,) the communication of Theo. H. Jewett, with whom I used to enjoy the most friendly relationship I am reminded I owe you a tribute of gratitude.

About a year ago an aged man in this vicinity applied to me for treatment. He was suffering from one of the worst cases of eczema it has been my lot to deal with. *There was no part of the whole body free from this terrible eruption*, and the patient's agony at times was almost unendurable. His scrotum was so much swollen that it presented the appearance of an immense hydrocele, but little less than the measure of two quarts. He had been under the treatment of a younger practitioner, who had evidently used the common remedies without apparent benefit. He thought he must die. I laughed at this idea, and put him at once upon Elixir Iodo, and Bromodyne ointment, and in a few weeks he was well and has continued so, notwithstanding the fact that he did not use the remedies after apparent recovery, as I urged he ought to do.

I have now a female case under treatment, of an anomalous ulcer, possibly *noli me tangere*, involving the meatus urinarius. I am using the Elixir Iodo and Solution in this case with some benefit. A profuse uterine leucorrhoea of long standing complicates this case; but the leucorrhoea has markedly diminished since using these remedies. I hope to avoid the use of caustics, etc. I have used your Elixir Iodo and Solution ever since I first heard Dr. Jewett speak so enthusiastically in their favor. I have to be both druggist and physician and as soon as I get around to it I mean to deal directly with you and stock up chiefly with your preparations.

Sincerely yours,

Albert N. Gould, M. D.

Elixir Iodo Bromide of Calcium Compound as an Eutrophic Alternative.

Alteratives are, we are told, "agents capable of producing a salutary change in a disease but without exciting any sensible evacuation." It is unfortunate that necessity compels us to use such a class of medicines and as the science of medicine improves it is hoped this name will go into commensurate disuse. But with our present knowledge we are compelled to recognize such a class of drugs and to incorporate the same into our treatment of the long array of chronic diseases and passive derangements, and such constitute a very large proportion of the cases which require the physician's attention;

My own experience with the Elixir Iodo Bromide of Calcium Compound which embraces a decade of years, compels me to place a very high estimate upon its value as an alternative and to give it a place second to none in the catalogue of alteratives. In many cases where in our judgment a medicine essentially different from any one of its elementary constituents is required, we have found

this Elixir, an excellent vehicle and apparently to enhance the efficacy of the basic article.

We are told Iodine, Bromine, Chlorine and Potassium enter into this alterative and are held in solution in the syrup of Santal-parrilla Comp. Hence we have in this preparation a medicinal compound of the most approved alteratives in both the mineral and vegetable kingdoms and rationally applicable to the wide range of chronic diseases and passive derangements, and calculated to restore the constitution to its healthy or normal state when such restoration be possible—in a word, a remedy pre-eminently better fitted to meet the requirements than any one of its individual factors.

In the treatment of chronic diseases we enter a domain shut in on every side by doubts, and frequently are compelled to grope our way along in the dark, trusting to this and again to that remedy, only to encounter disappointment and chagrin and as frequently changing the base of our operation. The causative character of the disease is obscure, the language of nature not understood, and the precise material wanted to repair the waste and destruction and to arrest further progress of disease not within the scope of our comprehension, and is it not more philosophical under such circumstances to offer the system a variety of compatibles. She will then have a more favorable opportunity of selecting, appropriating and discarding.

The elementary constituents of this Elixir commended the Compound to us, and through a series of carefully conducted experiments we are satisfied that it is the most complete general alterative in use.

In all scrofulous cases and scrofulous complications it is almost an indispensable remedy. Let the individual cases call for whatever measures they may, this Compound is imperatively demanded as an eliminator and reconstructor.

In true syphilis we are of the opinion a mercurial preparation should be associated with it. In combination with corrosivum sublimatum it has proven in our hands a most superior medicine.

We recall one obstinate case of eczema which had baffled the efforts of a distinguished dermatologist, and which we carried to a successful termination by the use of this combination, it being the only internal medicine which we prescribed.

Dr. C. Leonard.

NEW REMEDIES.

Nephroline in a Case of Enlarged Prostate.

Messrs. Tilden & Co.:

The tirade against proprietary medicines is designed to render unpopular and unprofessional, any act on the part of physicians which in any way supports these drugs. But I cannot forbear, nevertheless, communicating my experience with your preparations of Nephroline and Dyspepsine, and I believe they are competent to meet a desideratum long experienced. While in the main we acquiesce fully in the views set forth by the crusaders against this class of medicines, we believe a distinction should be instituted between the trade-marked articles prepared by long established Houses which have worked and do work with and in the interests of physicians, and those manufactured and designed for public and domestic use and introduced by Houses which stand independent of the medical practitioner. The former are designed exclusively for the physician and cannot have a demand only as created by him. He is made acquainted with the ingredients, and can thus as rationally prescribe, as simple or compound medicines which have sanction of the U. S. Dispensatory, or many so styled new medicines set forth under strange names, which botanical research cannot ascertain as having been applied to any known plants, or that go under a name that signifies a unit when the remedy is dual or more. The latter are made for the credulous public, thereby their constituent factor withheld, and are accompanied with detailed directions for use, which too frequently cover the symptoms of any or all the diseases in the whole category of human maladies. But it is not my purpose to enter into a defense of proprietary medicines but merely to foreshadow reasons why we are unwilling to form alliance with this crusade, thus denying ourselves the privilege of using a medicine, by chance best calculated to meet the indications, and relieving pain and prolonging life in a certain class of cases. Duty to our patients dictates their use, and so long as the proprietary medicines emanating from responsible houses, for physicians only, accompanied with guaranteed statement of remedial component factors, give us a degree of satisfaction which we are unable elsewhere to obtain—so long shall we deem it advisable and practicable and honorable to prescribe the same.

H. B., male, a laborer for the greater part of his life, latterly engaged in no occupation whatever, in the summer of 1869 was attacked with sudden pain of a severe character which proved to be nephritic colic. Some days later a stone passed through the urethra. Soon after he began to complain of a urinary difficulty

which persistently grew worse, attended with pain near neck of the bladder, slowness of passing water, severe rectal pains, and finally pain shooting along the urethral track and locating itself in the end of penis which was most harrassing and intolerable on micturition. The bladder became irritable, desire to urinate was very frequent both night and day. The act of defecation would induce a severe paroxysm of pain in both urethra and rectum.

This continued for perhaps a year or more before he sought medical advice. His difficulty was diagnosed enlarged prostate. He was placed under treatment and to a commendable degree continued use of prescribed drugs to date of consulting me which was in autumn of 1882.

I found him complaining with the above mentioned symptoms together with sense of weight in the perineum, and tenesmus and expressing himself as suffering he believed from internal piles and that this was the cause whence emanated all his trouble. It appears he was so thoroughly convinced that he had piles that he had resorted to several domestic measures for their relief and entreated me to treat this disorder. On examination per rectum, I ascertained the existence of a tumor, while examination of the urine revealed an alkaline condition and a secretion of viscid mucus.

Our treatment was palliative, saline aperients were used to keep bowels well open, nitro-m. acid diluted was administered as circumstances demanded, rectal suppositories of belladonna and morphia were used as pain required, and pains taken to see that bladder was thoroughly emptied. We administered iodide of potassium with a view to produce absorption of the tumor.

These measures together with suggestions from experienced surgeons were persistently used for a period of months without any noticeable benefit. Patient's condition to the contrary, appeared to grow more aggravated. In no way did it evidence any indication of succumbing. Our attention having previously been directed to Nephrline, we thought here was a good test case, and we consequently relinquished the treatment which we had instituted, and placed him on Nephrline in teaspoonful doses three times daily. Several weeks passed before any improvement was manifested. The first beneficial change was the prolonged interval between the paroxysms, followed by decreasing intensity of the pain. A few weeks later digital examination was made. This revealed marked diminution in the size and sensitiveness of the tumor. Later, defecation was attended with no pain, micturition became natural, soreness faded out, and his urinary apparatus appeared normal. No evidence of disease was apparent. The patient was so far restored, that he saw no further necessity of medical treatment and dropped the use of Nephrline altogether.

In this connection it may not be inapposite to state that during

his illness, the stomach became weak and irritable and declined to receive ingesta. To meet this complication the Dyspeptine was prescribed with most gratifying results. Under its influence all the indigestive symptoms disappeared. The stimulating effect of the Dyspeptine on the digestive tract seemed naturally to increase the potency of the remedy advised for the prostatic trouble.

Omaha, Neb., June, 1883.

A SUBSCRIBER.

Nephrline in Kidney Diseases.

M. H., æt about 60 years had been a sufferer from a urinary trouble for a period of years. Pain over region of neck of bladder, frequent desire to micturate, burning sensation in end of penis, while passing water. Sharp pain in rectum, which he regarded as result of internal hæmorrhoids. Such the character of the difficulties which had been gradually developed, culminating in a condition no longer endurable.

It appears he had been under medical and domestic treatment more or less for a term of years prior to consulting us, but his urinary troubles had in no respect seemed checked. He had lost much faith in medical measures. For a time he believed hæmorrhoids were the main-spring whence emanated his pain, and he had sought treatment accordingly.

Examination per rectum revealed prostatic enlargement and pressure produced recurrence of the distressing pains and symptoms. I satisfied him as to nature and location of his difficulties and placed him upon the approved internal and external absorbents. Hot water injections were advised after defecation. But all my measures failed to produce the desired results, nor did they effect scarce temporary mitigation. One or two similar cases had previously come under my care which I had failed to reach, notwithstanding counsel with an eminent surgeon and teacher, and the outlook was dark and discouraging. And but for Nephrline in this case the result undoubtedly would have been quite as unsatisfactory.

Abandoning the popular course, I prescribed Nephrline in tea spoonful doses with each meal. Little or no benefit was observable for perhaps some weeks, when the urethral and rectal spasms began gradually to abate, to recur at longer intervals: pain over region of the bladder appeared to be less severe. This improvement went on to a state which patient regarded a complete cure.

The medicine was abandoned, and the man resumed his duties feeling no inconvenience whatever. But in course of a month the old symptoms in a mild form returned. The use of the Nephrline was again resorted to, which will now be continued for a month or more, rather as a protective or preventive than a curative measure. The trouble itself has virtually succumbed.

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I regard the Nephrline almost in the light of a specific in cases of enlarged prostate. And not only is it serviceable in such and similar cases, but in catarrh of the bladder, residual urine, and chronic cystitis, there can be no more efficacious remedy prescribed.

Case 2. M. P., male, æt 64 years, had long complained of a pain in the left side over cardiac region, also pain in the back in vicinity of kidneys. His urinary apparatus showed evidences of derangement sufficient to make him anxious in that direction. But I learned his medical advisers had ignored the kidneys as the disturbing cause, and diagnosed his case fatty degeneration of the heart. Failing to get relief, he was placed on Nephrline. This remedy produced most satisfactory results. The pain in side and back has succumbed, and patient expresses himself as again quite well and ready for life's journey. Here we had undoubtedly nephritis or nephritic congestion, though the water was submitted to no microscopic or chemical analysis. The case progressed so favorably that such an examination was over-looked. It is regretted we have not this diagnostic support.

The Nephrline has proven itself in scalding urine and perhaps may be used in vesical catarrh with more encouragement than any remedy which the pharmacist or chemist has produced.

Case 3. B. P., female, æt 49, had passed climacteric period, had been a great sufferer from pain in back over kidneys for a number of years, though for a term of six months previous to the use of Nephrline the pain was so intense nights that she could not rest well. Would have unbroken rest hardly for an hour. Micturition was attended with a scalding sensation which was almost unendurable.

She was placed upon the use of Nephrline in teaspoonful doses three times daily. Within twenty-four hours, improvement was manifest to a perceptible degree. The second night after taking this medicine, she slept soundly and uninterruptedly. There was also less scalding on voiding the urine. Twelve hours later the scalding entirely disappeared. There has been no recurrence to date, though an interim of more than two months has elapsed. She considers herself quite cured of a disease which had given herself and friends much anxiety, and which had baffled medical treatment instituted by skillful and eminently practical physicians and by them conducted for a year.

We could recite several interesting cases of kidney diseases which this medicine has subdued.

For scalding urine, chronic or acute, we regard it in the light of a specific, superior to any single or compound remedy which we have ever used.

Case 4. M. C., male, æt 55, mechanic, tall and erect. Florid complexion, had been complaining more or less for twenty years, with pain located in and around kidneys, and for the last five years he had been incapacitated thereby for work. During this time (the five years) he was in the hands of an eminent specialist, who made kidney diseases a study. In his department he was recognized wise and safe counsel and authority. The treatment by this physician had produced no indication whatever, of restorative or curative action.

His case was regarded incurable by this physician, and the patient expected the inevitable must soon overtake him.

In January of the present year he was advised to take Nephri-line. Here let me say that the urine had repeatedly been analyzed and found to contain large quantities of albumen. If allowed to stand twenty four hours it would almost solidify. His case was regarded Bright's, though we have no microscopical support which is regretted.

The Nephri-line seemed shortly to produce good results, and he was persuaded to continue its use. After taking a pint of this medicine, he reported himself as cured and able to resume work in his chosen life avocation.

At this time the urine was again examined. The albumen had completely disappeared, and the urine was regarded normal in action and constituents.

The man when last seen was engaged in his mechanical pursuits apparently free from any functional or organic disease of kidneys.

Dr. G. H. Tilden.

Dyspeptine as a Remedy for Chronic Malaria.

No. 29 Montgomery St., Syracuse, N. Y., July 10, 1883.

Not long since a lady called at my office and wished me to prescribe for chronic chills. She said "she had been treated by Dr. W., for a year with quinine and had been benefited but not cured." She further added that as soon as she stopped taking the drug the chills and sweating returned. Having cured myself of the same disease, I believed she too could be cured with the Dyspeptine. I gave her four ounces with directions to take a teaspoonful three times a day before meals, in a wine-glassful of water. In a few days she reported great improvement, and came for a second prescription. After this she did not call again for several months, asking me to give her the formula as she was going on a visit East and dare not go away without it.

Feeling not at liberty to make known to her what I had prescribed, she went to the drug store where I had procured the remedy and tried to get the medicine, thinking to purchase it cheap-

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er than she could of me. The above conduct on her part showed how much she valued the compound and how much she would have given to have been made acquainted with its name, &c.

The above case is only one of hundreds that have yielded to Dyspeptine in my hands. Malaria is at the bottom of the causes of very many nervous diseases, as well as indigestion, nervous and sick-headaches, torpid liver and diseases of the kidneys and bladder. If we breathed nothing but pure air we should have but little occasion for the doctor or his medicines.

As pure air is not to be found in the busy marts or floating about in our crowded cities, we can safely say no better antidote exists than Dyspeptine and the Dyspeptine Pills, for the bad air that finds its way into the blood and tissues through the respiratory tract. There is no more need of quinine or any of the preparations from the calisaya bark, offered for the cure of dumb ague or the true intermittent fevers. Dyspeptine is an alterative, anti-periodic, febrifuge and tonic.

One hundred cases of ague treated with it were all cured but ten, without quinine. Ten cases had a brisk cathartic and one or two large doses of quinine: thereafter the Dyspeptine effected a perfect cure.

My advice to every physician who reads this article, is to give the Dyspeptine and Dyspeptine pills a thorough trial, and then give their experience an airing in the Journal of Materia Medica.

M. M. Brown, M. D.

Dyspeptine in Malarious Dyspepsia.

M. A., female, æt 25, consulted me some six weeks ago for a train of symptoms, which I diagnosed indidious malaria. Pain in back and stomach, loss of appetite and strength, general debility, or indisposition to engage in any work or social pleasures, a condition which had been persistent, and subject to such paroxysms and recurrences, as to persuade me a malarious cause existed.

I placed her upon quinine and a stomachic—but to no apparent benefit. Every treatment which I instituted seemed to abort until I advised Dyspeptine in teaspoonful doses in water before each meal. Patient returned only to report a complete cure, a ravenous appetite and restoration of strength of body and spirits.

I regard the Dyspeptine a very happy combination.

A SUBSCRIBER.

Dyspeptine in Chronic Malaria and Dyspepsia.

BY M. M. BROWN, M. D. SYRACUSE, N. Y.

Having been entirely cured of the most aggravated case of chronic malaria and dyspepsia with your invaluable remedies, the Dys-

peptine and Dyspeptine pills, I cannot forbear communicating a statement of these facts, and in connection to call the attention of the profession through the Journal of Materia Medica to the use of these articles in similar affections.

I suffered for over ten years with gastralgia, sour stomach, vomiting, constipation and bloating, with disordered kidneys and liver, also sleeplessness. My symptoms were alarming to myself as well as to my friends: I conjectured that I had ulcers of the stomach and at once cancer.

I placed myself on these remedies and was immeasurably relieved within a weeks time and cured in a month. I have enjoyed unexceptionable health since. There has been no recurrence. The interval which has elapsed justifies me in pronouncing the cure radical.

I prescribed these same remedies for my sister who had been in poor health for three years, the victim of neuralgia of the stomach, dyspepsia and constipation. Her despondency of spirit and decay of body were rapidly assuming a threatening aspect. Very soon after she had begun to take these new medicines, very marked benefit was observable, and a cure was shortly effected.

I now use the Dyspeptine and Dyspeptine Pills constantly in my practice with most wonderful results, curing the most obstinate and chronic cases, cases that had been pronounced hopeless.

My experience with these medicines has been uniformly good, and inspires in me a confidence that they are destined to meet a long felt desideratum.

Dyspeptine, Liver Pills and Nephrriline.

BY M. M. BROWN, M. D., SYRACUSE, N. Y.

Perhaps not every physician is aware that one of the frequent causes of lung hæmorrhage is insufficiency of the mitral valve.

The sudden pressure of blood in the lungs, by the shutting back of the flow, by the interruption in the heart forces a passive hæmorrhage.

This condition of heart may be only from sympathy with diseased kidneys. Weak heart causes insufficiency and intermission of pulsations.

Though it is denied, I believe from observation and reasoning that functional disorders of the heart may lead to structural lesion if the causes are not removed, which may be in the kidneys or stomach, or both.

The heart is a sensitive organ and complicated. It is delicate in its valvular structures, and subject to great friction from the rapid flow of blood.

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It also is liable to be damaged by variations of blood temperature. Intemperance of all kinds injures the heart and finally kills if no reformation takes place.

The stomach suffers, then the heart, owing to changes in the blood and sympathy from irritation of the pneumogastric nerve. Alcoholism affects all nerve tissues, especially the brain.

All muscular organs depend upon the brain nerves for healthful action. All nervous tissues depend upon pure blood for their normal condition. Lastly, all the organs of the body look to the stomach for proper digestion: that the ingested aliments are taken care of by the sarcophagus, in a way commensurate with the demands of the whole corporeal system.

If the stomach goes wrong the liver goes wrong; then the kidneys go wrong, then the heart goes wrong—then the brain goes wrong: in fact the soul goes wrong oftentimes, for it is common to see the dyspeptic physically and mentally a wreck.

Very frequently malarial influences are at the bottom of all our troubles. We breathe poisonous gases in our dwellings, in our streets, in our places of business.

Our nerves become affected from the impurities mingling in the blood. The heart suffers from palpitating, the liver becomes torpid, the stomach becomes inactive. Here we see the cause of nervous dyspepsia, or one of the causes. The man who has excessive mental worry and strain, and eats in a hurry and works in a hurry, reduces the vitality of the nerves by preventing proper assimilation of food thus bringing on nervous dyspepsia.

I have been constrained to state the above observations and facts in view of calling the attention of the profession to a sure remedy for the evils entailed by imperfect living, errors in diet, &c.

Tilden's Liver Pills and Dyspeptine, with their Nephrline, have proved in my hands most infallible, in all the above named disorders. No remedy ever compounded, in my opinion, excels the Dyspeptine, for indigestion, chronic or acute malarial affections. Sick headache will soon yield to the remedy when caused by disordered stomach and torpid liver, neuralgia of the stomach, irritation of the spinal nerves and irregular appetite, with high colored urine; white or red sediment; pain in the back and limbs all disappear as by magic, after having used the Dyspeptine, Live Pills and Nephrline. Constipation which is so common in malarial districts can be effectually cured by the use of the Dyspeptine and Liver Pills. A trial will convince the most skeptical.

A German, living on Harrison Street, this city, was afflicted with kidney disease (Bright's) for two years. He had taken patent "Kidney Cures" beside several physicians' medicines, but grew worse all the time.

When I found him he could hardly breathe, his face was blue (cyanotic), his hands cold and clammy.

Before him was a dish partly filled with bloody matter. He had a tearing cough and expectorated blood at every breath, with frothy mucus. His urine was bloody and contained albumen. Did not examine for casts.

He took two pounds of Nephiline and now has the third. He is so far recovered that he has gone to work as a peddler driving through the country.

His heart beats were obliterated by the bellows sound; the *bruit de soufflet* still continues, but very much less than when the treatment began. The dyspnoea has disappeared, except when he walks fast. He raises but little bloody sputa, and that only occasionally.

The severe pain in the lumbar region has disappeared. I have strong hopes of his ultimate recovery.

I could write many other cases of cures effected, but will defer till I write my next paper.

Dyspeptine in an Obstinate Case of Dyspepsia.

Messrs. Tilden & Co :

We take pleasure in communicating to you our experience with your Dyspeptine.

Case 1. M. A. M., mechanic, under treatment for congestion of the kidneys of a most aggravated and alarming character. For a period of several days there was almost complete suppression of urine. In the convalescent stage gastritis was developed, pain and tenderness over region of the stomach, and inability of this organ to tolerate the introduction of any nourishment even in liquid form, even in the small quantity of a teaspoonful.

Fomentations and stuporisms were faithfully applied, and to meet required indications, bismuth, pepsin and their congeners were administered, and the means resorted to that distinguished consultation suggested, but apparently to no beneficial effect whatever.

The disease sped its way unchecked, emaciation and great prostration followed, culminating in such loss of strength that the patient was obliged to keep his bed, unable to rise save with assistance, or to sustain himself on his feet.

In this forlorn and discouraging condition, we placed him on the Dyspeptine in tea-potful doses three times a day with directions to take for nourishment, raw beef and bread in small quantity one-half hour after taking the medicine. The patient stoutly protested against the solid nourishment, urging as evidence of the impracticability of such a procedure, his late experience with the

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liquids when severe retching, vomiting, colicky pains and almost spasms resulted, in consequence of receiving the smallest quantity. But he relented and consented to pursue the course we advised. The quantity of beef first presented him was perhaps one to two ounces. It produced some discomfiture but was not ejected. Here we can positively date convalescence from the gastritis. The rations of beef were daily increased, until by actual weight it was seven to eight ounces when it was relinquished, and a more liberal diet substituted, which the stomach received without hesitation.

On this treatment he revived, gained rapidly both flesh and strength, and in a short space of time was engaged in the light duties of his avocation. His improvement went on and he is now quite restored.

It will be noticed in this case, that prior to the administration of this new compound under approved measures, this patient's decline was constant, that there was gradual starvation pointing to dissolution, that the remedies prescribed did not have the efficacy of even arresting the progress of the disease, much less of producing toleration of any ingesta either liquid or solid, that the convalescence was established subsequent to the use of the Dyspeptine, and is so closely allied to it that we can readily discern the relation of cause and effect.

In this case too, we have another concomitant result which suggests a wider range for the Dyspeptine. The anasarca rapidly succumbed, the urine increased in quantity and improved in quality and the albumen totally disappeared. May not this result have been brought about by the iodine which seems really to be the basic constituent of the Dyspeptine.

When, prior to the use of this medicine, the nephritic disturbance seemed to be giving up its hold, the convalescence was slow discouraging and fluctuating; but under the influence of the Dyspeptine, these features vanished and the convalescence went on unretarded.

We dismissed the patient some two weeks since. We have several times heard of him as daily assuming a hale, healthier appearance, and daily engaging in the more active and onerous duties of his life work.

ECZEMA DEPENDENT ON MALNUTRITION—A CURE EFFECTED BY THE DYSEPPTINE.

Case 2. P. A., farmer, æt 28, consulted me for an eczematous eruption on forehead and glands prepuce, which had afflicted him for a term of years. It had a spasmodic or irregular growth at times, causing him much annoyance by reason of its itching and

forbidding appearance. We could discover no specific cause to which its origin could be ascribed.

Patient evidently had indigestion and was obliged to study his diet if he would escape gastric pain, dull headache, depression of spirit and the manifold annoyances which emanate from disordered nutrition. We regarded the dyspepsia the cause which gave rise to the cutaneous eruptions and the physical weariness and mental torpitude.

With exception of a mild topic of sulph. zinc, our treatment consisted exclusively of Dyspeptine and Dyspeptine pills. The former was given in teaspoonful doses half hour before meals, in a little water; and the pill was directed to be given each night on retiring.

This patient has consulted us only three times and still continues to use the medicine. He has had the R consisting of 3 viii, and fifty Pills renewed four times. Almost a complete cure has been effected. The eruption is nearly vanquished and the gastric disturbances are barely perceptible. He no longer regards himself a subject for medical advice.

This patient had been under treatment by eminent physicians. A long array of alteratives had been brought into requisition, and the ordinary measures been prescribed for the purpose of bringing about a healthier action of the digestive organs, but all to no effect. There was no appreciable improvement until he was placed upon Dyspeptine and Dyspeptine Pills.

The Dyspeptine pills are important requirements in cases of disordered nutrition, particularly when chronic. It seems to supply to the system the needed material with which to make repairs and to combat the structural and functional changes induced by malnutrition.

We believe this medicine will be found to play an important part as a curative agent in the combatment of a large proportion of the eruptive diseases and wherever it shall receive an impartial and sufficient trial, its merits will be recognized.

Our experience with this compound has not been confined to the two cases recited, We simply note down these as illustrative or experimental cases.

In a large proportion of the cases of indigestion which we have treated with this remedy, the results have been so exceedingly gratifying as to encourage us to give it a more extended trial.

Dr. X. Turner.

Dyspeptine in Dyspepsia.

Messrs Tilden & Co:—Your Dyspeptine is giving me very great satisfaction. Recently there came under my care an aggravat-

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ed case which the remedies usually advised had failed to reach, and which was regarded too chronic and obstinate to be curable. Under the influence of this medicine it was speedily carried to a successful termination. In this case the Dyspeptine produced a magical effect.

W. C. Young, M. D.

Syracuse, N. Y.

Dy-peptine.

Dr. R. Tuckerman, of Auburn, N. Y., writes:—"Your Dyspeptine medicines work nicely and give me entire satisfaction. A chronic case of dyspepsia has just come under my observation, which was cured by these medicines after an abortive attempt for a long period with the ordinary approved measures."

Corinth, Ga., June 8, '83.

Gents:—Please send one bottle of your Dyspeptine. I have great confidence in your remedies. Your Elixir Iodo Bromide of Calcium Comp. is in my opinion the best alterative known to medical science. It is very popular in this section.

Yours Truly, L. C. Wisdom, M. D.

Asthmaticine.

COMPOSED OF POTASSIUM, HELIANTHUS ANNUUS, IPECAC, LOBELIA AND MOTHERWORT.

Asthmaticine is the name of a medicine which we have compounded particularly to meet the requirements of Asthma and Hay Fever. In the formula, it will be noted, enter some of the most popular remedies used in the treatment of these affections. But the general verdict of the profession, we believe, is that these cases too frequently baffle their efforts; that the approved measures do no more than temporarily relieve, while oft times they completely fail to break the paroxysms, much less effect a cure.

Iodide of potassium stands, in the management of spasmodic asthma, in high repute, and enters as an important factor into many prescriptions for its relief. But it fails in very many cases, while those with which it succeeds are few, and the cure is the rare exception. While its affinity for this disease is thoroughly substantiated, it is equally well proven that it lacks, unaided, power to very generally subdue and eradicate the susceptibility.

Helianthus annuus is a mild expectorant, and has been of much efficacy in bronchial and laryngeal affections, and in cough of phthisis; and many practitioners have extolled its virtues in at-

tacks of asthma, reporting actual cures. We have noticed, in several instances, its successful operations. But, like other remedies it frequently disappoints the practitioner.

Ipecac and lobelia have also a reputation in this way. Most striking results have attended their use.

Motherwort is nervine and anti spasmodic. Though little has been written of its efficacy in asthma, it has occasionally been reported to us, by close observing and practical physicians, as highly useful.

It occurred to us that these favorite medicines might, with advantage, be combined. Repeated experimenting with them has resulted in this compound; Asthmaticine. Before venturing to introduce it to the profession, we submitted it to physicians, and their reports have created such a demand for it as to justify us in placing it on the market as a meritorious remedy.

What we claim for Asthmaticine is curative as well as palliative action, and we are confident the profession, when once they become acquainted with its practical value, will support us in this declaration. While Asthmaticine is indicated in all the different pathological conditions of dyspnoea denominated asthma, a distinction should be instituted between asthma as a neuropathic affection and asthma as a cardiac or pulmonary affection; else its use will frequently be attended with dissatisfaction and disappointment. In the former case the paroxysm will promptly yield to this medicine, and ultimately a complete cure can be effected. In the latter case temporary palliation can alone be expected. But in these grave cases of cardiac asthma and vesicular emphysema, we would invite special attention to this new compound. In such cases its promptitude of palliative action must secure its preference. When asthma is dependent on some pulmonary lesions, in the treatment thereof we would suggest the association of Asthmaticine with Phthisis Compound. Asthmaticine is no less efficacious in hay fever than in hay asthma, and will establish a cure if taken three or four times daily. When the system is kept under the influence of this remedy for a certain length of time, it appears, in some way, to lose its susceptibility to the exciting cause, be it atmospheric or emanations from the vegetable kingdom. The philosophy of its action remains to be ascertained. Facts support us in this assertion.

In bronchial difficulties is it a most excellent and reliable agent.

It also exercises a very benign influence over a dry, hacking cough, occasioned by contraction of a cold.

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The dose, in a case of asthma or hay fever, is a teaspoonful, in a little water, every hour for immediate relief, and to effect a cure it should be continued three times a day. It can be taken till vomiting takes place, when relief is certain. The most obstinate case, even of years standing, can ordinarily be cured in from four to six weeks, by faithful and persistent use in drachm doses three times daily. In bronchial coughs and colds we have found teaspoonful doses, three times daily, quite sufficient.

TILDEN & Co.

Asthmaticine—Cases in Practice.

A physician whose name we are requested to withhold, writes us that he is using the Asthmaticine with much success. He mentions one case of a lady who had been troubled with asthma from childhood, whom he has permanently relieved with this medicine. He also refers to case of a gentleman who had been similarly afflicted for fifteen years whom this medicine has completely restored.

He further observes "I prescribed your asthma remedy in two adult male cases, when the asthma was complicated with bronchitis and of many years standing. Cures have been effected.

He mentioned still another cure in the case of a young man, a sufferer for several years, and concludes, "It relieves croup and cures bronchitis promptly. It is a sure cure for hay fever."

Asthmaticine in Asthma and Hay Fever.

Very recently our attention was directed to Asthmaticine, and we were so favorably impressed with the formula that we were induced to give it a trial. The results were so positive and prompt that I continued to experiment with this remedy and have become satisfied that it is a most superior combination and destined to achieve a laudable therapeutical status in the treatment of this harassing and obstinate malady.

Helianthus anuus we notice, enters into the formula. With this remedy alone, we have made many cures and had come to regard it, alone or in combination with potassium iodide, the *sine qua non* treatment of asthma. The *helianthus* in our hands had become so favorite a remedy that through it we were attracted to your formula for Asthmaticine.

But we are obliged to concede that this combination has the preference now over any single or compound drug which we have ever used.

Case 1. M. A., female, aged 65 years, been afflicted with asthma for a long term of years. She had succeeded in obtaining only temporary relief, though at times under the care of eminently practical and distinguished physicians. She had quite despaired. The paroxysms were so severe as to depress both physical and nervous structures, and were gradually undermining her health. We should judge she had quite thoroughly tried the different remedies which have a reputation in the combatment of her complaint. Her son being a medical man, had made her case the subject of especial study and consultation but to little or no real effect. We advised him to administer the Asthmaticine. We have had the privilege of meeting the attending physician only once, on an occasion when opportunity presented of learning effect of the medicine. We were informed it was doing nicely and patient still under its influence for permanent cure. Temporary relief promptly ensued. Barely a single paroxysm has returned and we believe a permanent cure was effected.

Case 2. Mrs. W., aged 40 years, a sufferer for several years. At the time of our first visit we found her experiencing an attack of great severity. We learned that there was a confirmed liability to recurrences of the paroxysms which were produced by no particular exciting cause; that she had been unable to obtain more than a passing relief, and that not infrequently even the prescribed measures failed to produce this result.

We prescribed the Asthmaticine prepared by Tilden & Co., with directions to take one teaspoonful doses every half hour till the paroxysm be broken or vomiting be induced, and to continue three times daily, until further advised.

After an interval of perhaps ten days, patient again reported herself as having obtained, and still obtained decided benefit from this treatment. The asthmatic breathing which previously had been constant, was measureably checked. A third visit she expressed herself as decidedly improved, better than she had been for quite a period of time, barely suffering any inconvenience whatever. She is still taking the medicine. More satisfactory results seem to attend the use of this remedy, than of any drug or combination of drugs which we have heretofore been in the habit of prescribing.

A remedy which is serviceable in asthma, recommends itself in the treatment of hay fever: while we have had no opportunity of testing its value in this latter affection, we are of the opinion it will here meet a desideratum long experienced. Dr. X. TURNER.

**An Obstinate Case of Asthma Cured by the Use of
Asthmaticine.**

Dr. M. M. Brown, Syracuse, N. Y., sends in the following interesting letter addressed him by a grateful patient whom he had treated and cured with the Asthmaticine:—

My Dear Doctor :

It is well known to you, as well as to very many others, how severely I suffered with asthma for about three years. Most of my friends and many of my physicians thought it highly improbable that I should ever get better, to say nothing of ever again preaching.

I used every remedy suggested by friends or prescribed by my physicians, but received only temporary relief, until you took my case in hand and prescribed the Asthmaticine.

You will recall the fact that I was greatly reduced when you first saw me. When you remarked, "call at my office day after to-morrow," I did not dream that I should be able to do so in three weeks. But the medicine gave me immediate relief, and to my surprise I was perfectly adequate to the task of going to your office. I repeated my visits until I thought myself well, and am most happy to report to you, that I believe the cure permanent. At all events, during the interim of months that has elapsed, there has been no recurrence of the trouble, no indication even, that asthmatical disorder is lurking in my system.

I am now engaged in pastoral work, apparently as well as previous to my sickness in consequence of the asthma.

I used your medicine my dear doctor for about three months, and am thankful to God that my steps were directed to you for treatment.

Praying that it may be given you under God to help others,
believe me your grateful friend,

Syracuse, N. Y.

R. H. Allen.

ELIXIR IODO BROMIDE

OF CALCIUM COMPOUND.

An EPITOME of the numerous cases reported monthly in the Journal of Materia Medica, embracing the following diseases, sent on application.

Scrofula; Scrofulous enlargement of the cervical glands; Scrofulous affections of the bone; Scrofulous swelling and abscess of the knee; Scrofulous Eczema; White swelling; scrofulous swelling of the glands of the neck.

Cancerous affections; Cancerous affections complicated with scrofula; Lupus.

Necrosis of the Tibia, Femur and Ilium; Osteo-Periostitis; Exostosis of the Ulna; Caries of Vertebra; Synovitis of knee joint; Hip joint diseases; Anchylosis.

Psoriasis; Prurigo; Tuberculous affections of the bones.

Skin diseases of all kinds; Cerebro-Spinal Meningitis.

Syphilis. Syphilitic sore throat; Gonorrhœa.

Enlargement of the Liver, Spleen and Kidneys.

Bronchocele; Goitre; Exophthalmic Goitre.

Epilepsy; Otorrhœa; Deafness.

Diphtheria; Erysipelas; Erysipelas with Scrofula; Tonsillitis.

Gangrene of the Lungs; Dry Gangrene; Pleuro-Pneumonia.

Each fluid ounce contains seventy-two grains of the Iodo Bromide Salts.

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To the Medical Profession.

The experience we have had of many years as Manufacturing Pharmacautists has brought us more or less in regular contact with the medical profession and its wants, has afforded us advantages for experiment study and practical development, which have engaged our attention in perfecting new and more efficacious agents for physicians' use in the control, subjection, treatment and cure of diseases, and we trust the Medical Profession will feel assured that in no instance shall we solicit their attention except we have some production worthy of their highest consideration and confidence.

We would respectfully call your attention to our new preparation of Maltopepsine, which we regard a very important Remedial Agent for Indigestion, Constipation, Dyspepsia, Vomiting in Pregnancy, Nervousness, Loss of Appetite, all forms of Gastric Derangement, Atonic Diarrhoea and Indigestive Diarrhoea of Children. This valuable remedy contains the digestive and nutritive properties of the grain unimpaired, combined with the active agents of digestion, viz: Diastase, Pepsine, Lactic Acid, Phosphoric Acid, Dioscorein, and the Bromide and Chloride of Aluminium and Sugar of Milk.

Dose—From 5 to 15 grains after each meal.

MALTOPEPSINE will be found greatly superior to all other remedies, for Dyspepsia and kindred diseases. Can be taken with sugar, in wine or water if preferred.

The measure over the cork holds ten grains when filled, *or one average dose.*

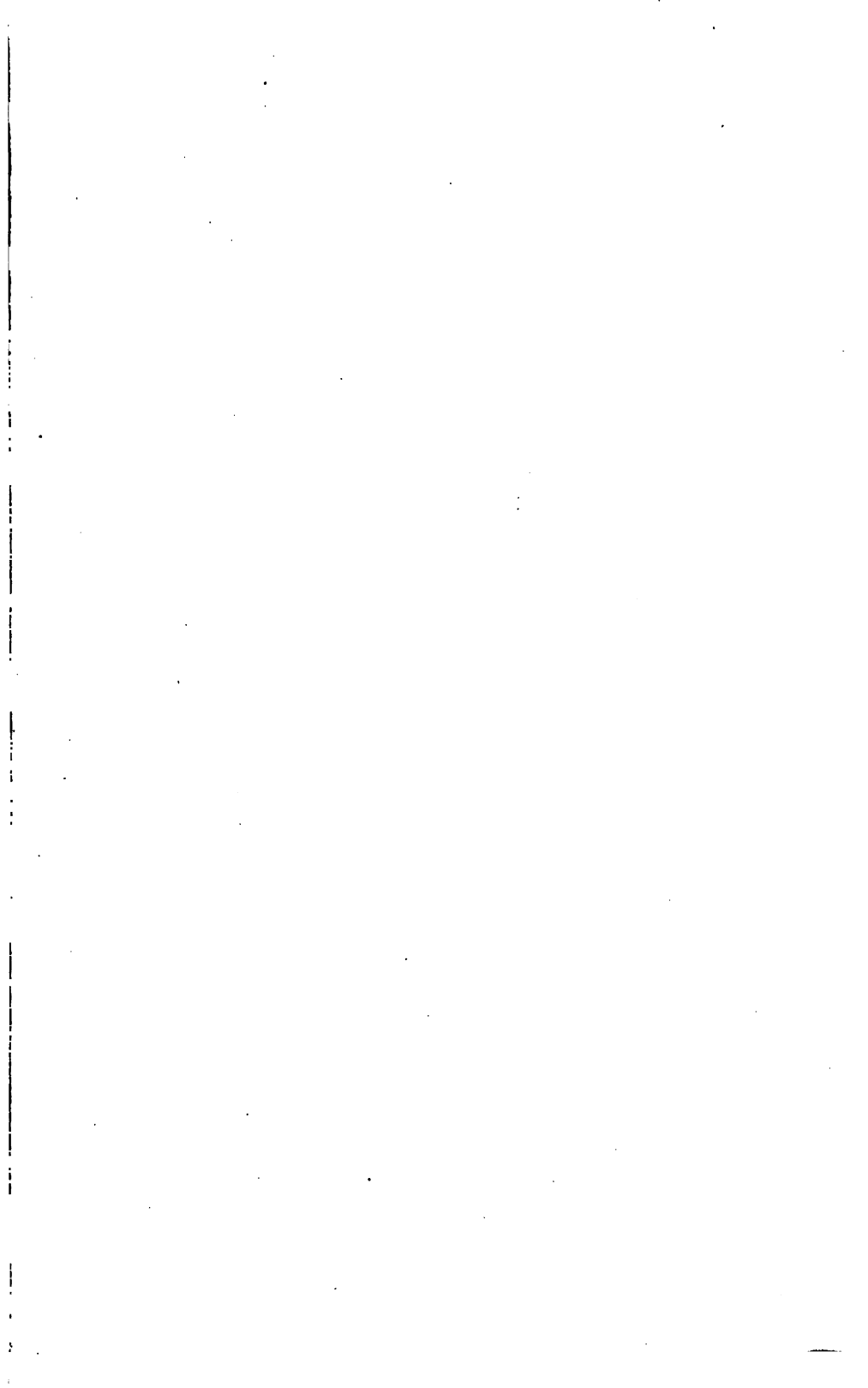
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Sugar of Milk.....	35 ozs.	Lactic Acid.....	8 fl. drams.
Nutritives of the grain.....	10 "	Hydrochloric Acid.....	5 fl. "
Dioscorein.....	10 "	Phosphoric Acid.....	3 fl. "
Pepsine.....	16 "	Aluminium.....	3 fl. "
Diastase.....	6 drams.		

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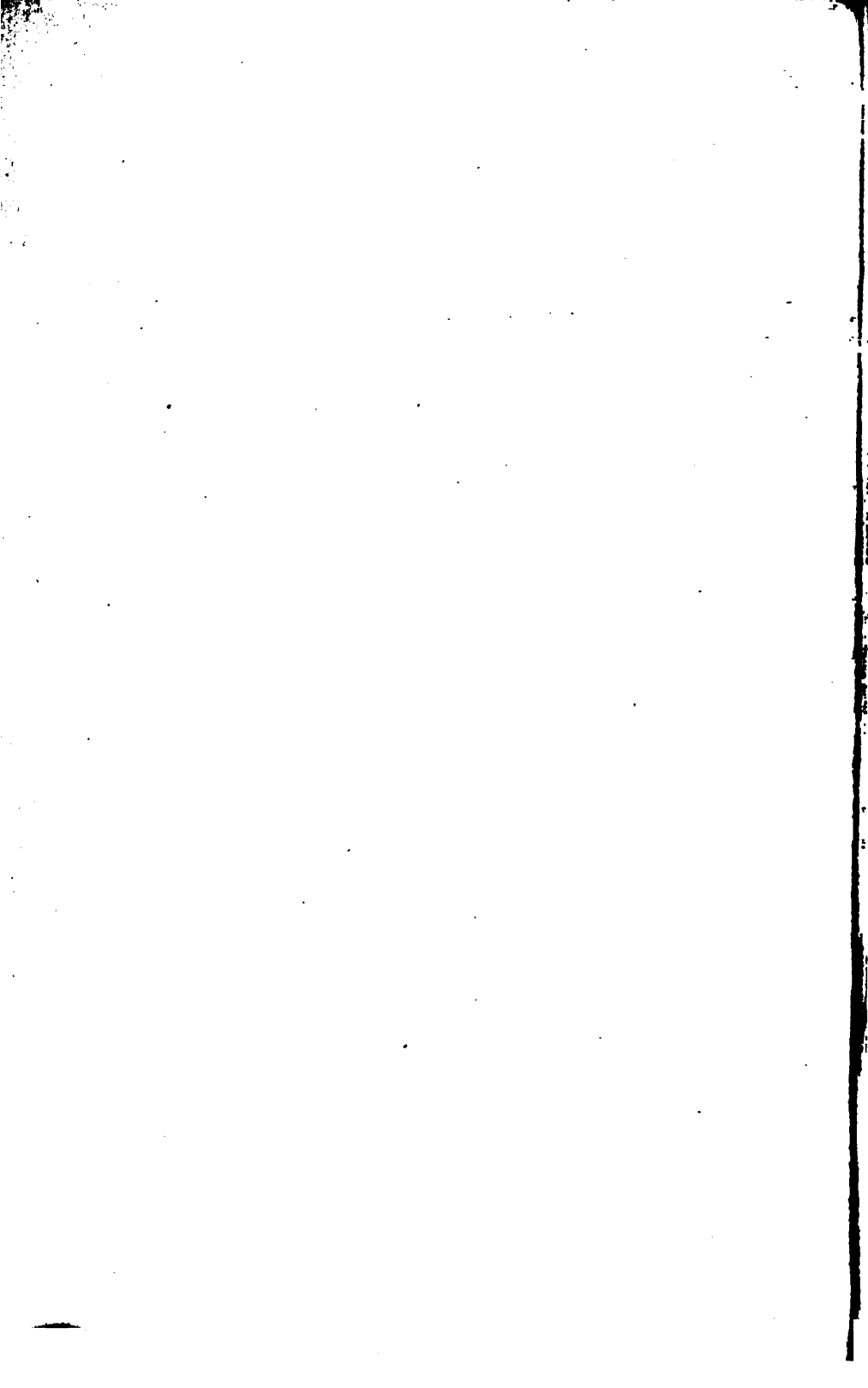
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